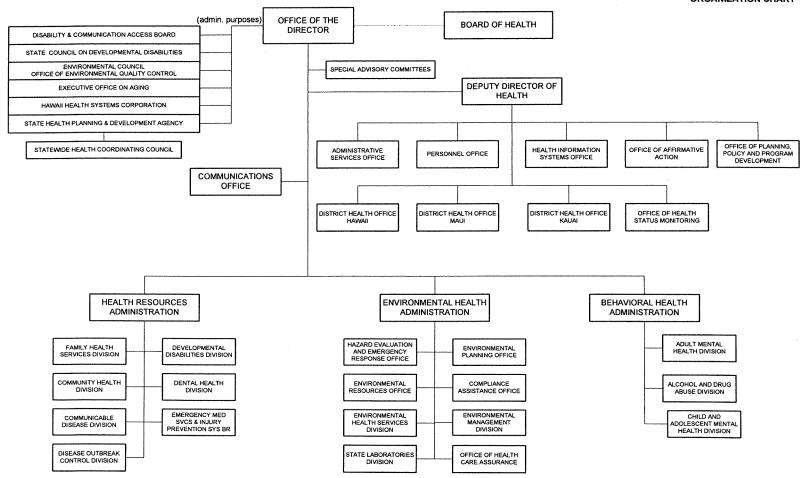


STATE OF HAWAII DEPARTMENT OF HEALTH ORGANIZATION CHART



DEPARTMENT OF HEALTH Department Summary

Mission Statement

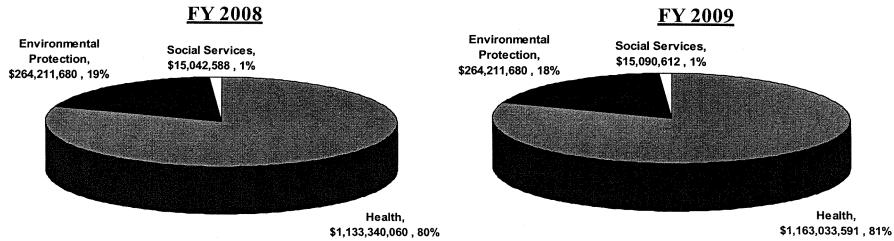
To administer programs designed to protect, preserve, care for, and improve the physical and mental health of the people of the State.

Department Goals

To monitor, protect and enhance the health of all people in Hawaii by providing leadership in assessment, policy development, and assurance to promote health and well-being, to preserve a clean, healthy and natural environment, and to assure basic health care for all.

Significant Measures of Effectiveness	FY 2008	FY 2009
1. Mortality rate (per thousands)	6.5	6.5
2. Average life span of residents (years)	78	78
3. Percentage of reported vaccine preventable diseases investigated	100%	100%

FB 2007-09 Operating Budget by Major Program Area



DEPARTMENT OF HEALTH MAJOR FUNCTIONS

- Plans, directs and administers statewide programs to protect, preserve and improve the physical, mental and environmental health of Hawaii's residents.
- Administers programs for the prevention, control and treatment of infectious and communicable diseases; coordinates bioterrorism preparedness planning activities and integrating these activities with surveillance and response mechanisms.
- Administers community based programs that provide and coordinate health intervention services and support for at-risk families, populations and communities who are most likely to experience unhealthy outcomes.
- Provides public health nursing intervention services in the areas of communicable disease, disaster outbreaks care coordination, follow-up and monitoring for at-risk populations and nursing supervision, oversight and intervention in the public schools.
- Plans, coordinates and provides statewide mental health services which include treatment, consultative and preventive components for individuals; also plans, coordinates and implements statewide services relative to alcohol and drug abuse.

- Provides services and supports to individuals with developmental disabilities or mental retardation and their families to attain quality of life.
- Plans, provides and promotes health services to mothers, children and youth and family planning services. Also promotes optimal oral health; develops and implements methods of prevention and early detection of oral diseases and abnormalities and for the control of such conditions when they are not prevented.
- Implements and maintains the statewide programs for air, water, noise, radiation and indoor air pollution control; noise, safe drinking water, solid waste and wastewater management, and programs which protect consumers from unsafe foods, drugs, cosmetics, and medical devices.
- Administers the statewide emergency medical services system.
- Administers a statewide laboratories program which conducts analysis in support of environmental health and communicable disease monitoring and control activities.

MAJOR PROGRAM AREAS

The Department of Health has programs in the following major program areas:

Environm	ental Protection		
HTH 840	Environmental Management	Social Serv	vices
HTH 849	Environmental Health Administration	HTH 520	Disability and Communication Access Board
HTH 850	Office of Environmental Quality Control	HTH 904	Executive Office on Aging
Health			
HTH 100	Communicable Disease Services		
HTH 131	Disease Outbreak Control		
HTH 141	Dental Diseases		
HTH 210	Hawaii Health Systems Corporation		
HTH 420	Adult Mental Health – Outpatient		
HTH 430	Adult Mental Health – Inpatient		
HTH 440	Alcohol and Drug Abuse		
HTH 460	Child and Adolescent Mental Health		
HTH 495	Behavioral Health Administration		
HTH 501	Developmental Disabilities		
HTH 560	Family Health Services		
HTH 580	Community Health Services		
HTH 590	Tobacco Settlement		
HTH 595	Health Resources Administration		
HTH 610	Environmental Health Services		
HTH 710	State Laboratory Services		
HTH 720	Health Care Assurance		
HTH 730	Emergency Medical Services and Injury		
	Prevention System		
HTH 760	Health Status Monitoring		
HTH 905	Developmental Disabilities Council		
HTH 906	State Health Planning and Development Agency		
HTH 907	General Administration		

Department of Health (Operating Budget)

		Allocation		
		FY 2007	FY 2008	FY 2009
Funding Sources:	Positions	2,610.55	2,677.05	2,677.05
General Funds	\$	406,124,785	447,802,456	448,921,669
		75.70	121.70	121.70
Special Funds		153,028,390	183,529,627	183,332,556
		358.85	358.35	358.35
Federal Funds		106,531,829	110,813,882	110,835,292
		5.00	5.00	5.00
Interdepartmental Ti	ransfers	55,764,494	69,460,283	74,441,557
		68.40	67.40	67.40
Revolving Funds	****	167,630,888	167,822,848	167,822,848
		3,118.50	3,229.50	3,229.50
Total Requirements	*****	889,080,386	979,429,096	985,353,922

Highlights of the Executive Budget Request: (general funds unless noted)

- 1. Added \$10,000,000 in FY 08 and \$10,000,000 in FY 09 for Adult Mental Health purchase-of-service which allow adults with severe and persistent mental illness to live in community settings. These include case management (targeted, intensive), residential services, crisis outreach, and supportive services.
- 2. Added \$8,764,412 in general funds and \$8,558,196 in interdepartmental funds in FY 08 and \$11,479,791 in general funds and \$12,239,470 in interdepartmental funds in FY 09 for Developmental Disabilities Division Title XIX Home and Community Based Services.
- 3. Added \$4,573,280 in FY 08 and \$4,176,564 in FY 09 for Emergency Medical Services System including funds for ambulance, dispatch, and billing contracts, and for maintenance of the Hawaii Emergency Medical Services Information System and MEDICOM.
- 4. Increased the Deposit Beverage Container Special Fund ceiling by \$18,854,194 in both years based on a projected 82.5 % redemption rate and annual sales of 960 million containers.
- 5. Increased the Tobacco Settlement Special Fund ceiling by \$10,655,986 in both years to reflect 85% of the projected increase in revenues.

Department of Health - Hawaii Health Systems Corporation (Operating Budget)

		Allocation FY 2007	FY 2008	FY 2009
Funding Sources:	Positions		-	-
General Funds	\$	48,739,662	53,612,232	53,622,961
		2,836.25	2,836.25	2,836.25
Special Funds		332,569,937	379,553,000	403,359,000
		2,836.25	2,836.25	2,836.25
Total Requirements		381,309,599	433,165,232	456,981,961

Highlights of the Executive Budget Request: (general funds unless noted)

- 1. \$46,983,063 in FY 08 and \$70,789,063 in FY 09 reflects anticipated special fund revenues and expenses.
- 2. \$1,500,000 in FY 08 and \$1,500,000 in FY 09 reflects additional costs related to the transfer of Kahuku Hospital to HHSC.

PROGRAM ID:

PROGRAM STRUCTURE NO.

PROGRAM TITLE:

DEPARTMENT OF HEALTH

		IN DOL		IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
CURRENT LEASE PAYMENTS OTHER CURRENT EXPENSES MOTOR VEHICLE	76,796 32,260	76,796 32,260	14,254,796 32,260	18,351,796 32,260	18,352 32	18,352 32	18,352 32	18,352 32
		-	~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
TOTAL CURRENT LEASE PAYMENTS C	109,056	109,056	14,287,056	18,384,056	18,384 =======	18,384 	18,384	18,384
BY MEANS OF FINANCING	109,056	109,056	109,056	109,056	109	109	109	109
GENERAL FUND SPECIAL FUND	107,056	109,056	14,178,000	18,275,000	18,275	18,275	18,275	18,275
OPERATING COST	5,917. 3 5*	5,954.75*	6,065.75*	6,065.75*	6,065.9*	6,065.9*	6,065.9*	6,065.9
PERSONAL SERVICES	402,064,621	435,682,394	453,967,829	458,888,146	458,887	458,887	458,887	458,887
OTHER CURRENT EXPENSES	700,561,833	823,900,364	940,037,991	963,118,241	963,116	963,116	963,116	963,116
EQUIPMENT Motor vehicle	1,285,236 27,500	1,856,604	4,301,452	1,945,440	1,580	1,580	1,580	1,580
TOTAL OPERATING COST	1,103,939,190	1,261,439,362	1,398,307,272	1,423,951,827	1,423,583	1,423,583	1,423,583	1,423,583
BY MEANS OF FINANCING				1				
	2,600.65*	2,610.55*	2,677.05*	2,677.05*	2,677.1*	2,677.1*	2,677.1*	2,677.1
GENERAL FUND	410,167,650 2,902.45*	448,440,499 2,911.95*	501,305,632 2,957.95*	502,435,574 2,957.95*	502,067 2,958.0*	502,067 2,958.0*	502,067 2.958.0*	502,067 2,958.0
SPECIAL FUND	483,763,115	485,271,946	548,904,627	568,416,556	568,417	568,417	568,417	568,417
	347.85*	358.85*	358.35*	358.35*	358.4*	358.4*	358.4*	358.4
OTHER FED. FUNDS	106,802,568	104,556,326 5.00*	110,813,882 5.00*	110,835,292 5.00*	110,836 5.0*	110,836 5.0*	110,836 5.0*	110,836 5.0
INTERDEPT. TRANSFER	3.00* 2,841,259	55,749,660	69,460,283	74,441,557	74,441	74,441	74,441	74,441
ANIEROEI I IRMOI EN	63.40*	68.40*	67.40*	67.40*	67.4*	67.4*	67.4*	67.4
REVOLVING FUND	100,364,598	167,420,931	167,822,848	167,822,848	167,822	167,822	167,822	167,822
CAPITAL IMPROVEMENT COSTS				! !				
PLANS	375,000	125,000	1,000	502.000				
DESIGN	3,163,000 52,991,000	3,867,000 36,111,000	2,895,000 41,616,000	503,000 33,526,000				
CONSTRUCTION EQUIPMENT	175,000	275,000	2,000	33,720,000				

PROGRAM ID:

PROGRAM STRUCTURE NO.

PROGRAM TITLE:

DEPARTMENT OF HEALTH

		IN DOLI	_ARS	IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
					alam anish make takes alam hadi hadi hadi salah take			
TOTAL CAPITAL EXPENDITURES	56,704,000 =======	40,378,000	44,514,000	34,029,000				
BY MEANS OF FINANCING				1				
GENERAL FUND		436,000		į				
G.O. BONDS	19.909.000	21,375,000	31,187,000	20,702,000				
OTHER FED. FUNDS	36,795,000	18,567,000	13,327,000	13,327,000				
TOTAL POSITIONS	5.917.35*	5,954.75*	6.065.75*	6.065.75*	6,065.90*	6,065.90*	6,065.90*	6,065.90*
TOTAL PROGRAM COST	1,160,752,246	1,301,926,418	1,457,108,328	1,476,364,883	1,441,967	1,441,967	1,441,967	1,441,967

Department of Health

(Capital Improvements Budget)

	FY 2008	FY 2009
Funding Sources:		
General Obligation Bonds	19,671,000	10,702,000
Federal Funds	13,327,000	13,327,000
Total Requirements	32,998,000	24,029,000

Highlights of the Executive CIP Budget Request: (general obligation bonds unless noted)

- 1. Provided \$995,000 and \$4,974,000 in federal funds in both years for wastewater project capitalization loans.
- 2. Provided \$1,671,000 and \$8,353,000 in federal funds in both years for drinking water project capitalization loans.
- 3. Provided \$486,000 in FY 08 and \$3,236,000 in FY 09 for improvements to Department of Health facilities, statewide.
- 4. Provided \$4,002,000 in FY 08 to initiate harbor improvements at Kalaupapa Settlement required for the continued biannual barge shipment of gasoline, general merchandise, supplies and equipment.
- 5. Provided \$7,219,000 in FY 08 and \$1,800,000 in FY 09 for Waimano Ridge water system and building improvements.
- 6. Provided \$1,788,000 in FY 08 for demolition of buildings at Waimano Ridge.
- 7. Provided \$3,000,000 in both years for repairs and improvements to various buildings at Hawaii State Hospital.

Department of Health - Hawaii Health Systems Corporation (Capital Improvements Budget)

· · · · · ·	FY 2008	FY 2009
Funding Sources:		
General Obligation Bonds	10,000,000	10,000,000
Total Requirements	10,000,000	10,000,000

Highlights of the Executive CIP Budget Request: (general obligation bonds unless noted)

1. Lump sum CIP - repair and renovations to address health and safety issues.

STATE OF HAWAII PROGRAM ID

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 272

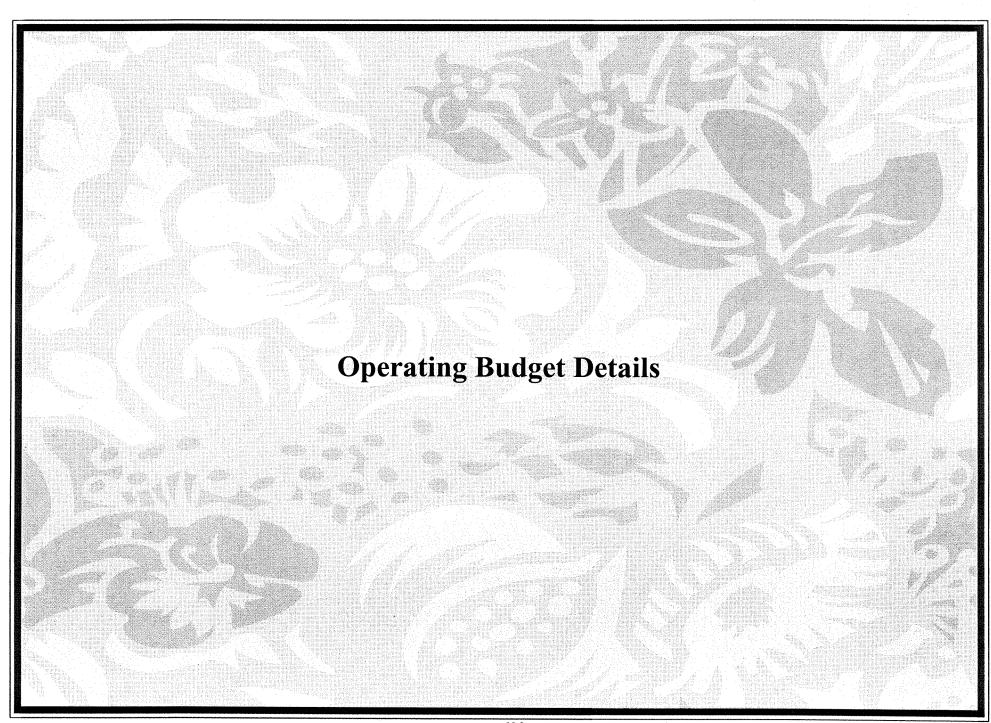
PROGRAM STRUCTURE NO.

PROGRAM TITLE

DEPARTMENT OF HEALTH

PROJECT	PRIORITY	R	SCOPE	PROJECT TITLE										
NUMBER	NUMBER		ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	BUDGET P FY 07-08	ERIOD FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
		PLAN	-	1,731	1,099	355	276	1		er olden samme older olden framer pulse frakte filder kallen dele	هد بلط بلط علد ليك بالله على على حدد بالب على الله		***************************************	Je 2000 1000 1000 1000 1000 1000 1000 100
		LAND DESI	GN	3,350 20,538	2,550 10,825	650 3,462	150 2,853	2,895	503					
			TRUCTION PMENT	1,013,031 7,407	809,584 3,619	70,994 210	58,827 3,576	40,100 2	33,526					
		T	OTAL	1,046,057	827,677	75,671	65,682	42,998	34,029					U 1800 1900 1900 1900 1900 1900 1900 1900
			BONDS Nue Bonds	415,523 22,000	302,959	16,876 22,000	45,315	29,671	20,702					
			R FED. FUN	608,534	524,718	36,795	20,367	13,327	13,327					

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PROGRAM ID:

PROGRAM STRUCTURE NO. 04

PROGRAM TITLE:

ENVIRONMENTAL PROTECTION

		IN DOLL	ARS	IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	251.00*	268.00*	267.00*	267.00*	267.0*	267.0*	267.0*	267.0*
PERSONAL SERVICES	14,697,333	15,257,827	16,043,287	16,043,287	16,044	16,044	16,044	16,044
OTHER CURRENT EXPENSES	161,771,971	228,680,231	248,094,425	248,094,425		248,094	248,094	248,094
EQUIPMENT	10,000	73,968	73,968	73,968	74	74	74	74
TOTAL OPERATING COST	176,479,304	244,012,026	264,211,680	264,211,680	264,212 ======	264,212 ======	264,212 ======	264,212
BY MEANS OF FINANCING					77.4	77.6	77 4.	77. 4.
			77.00*	77.00*		77.0*	77.0*	77.0*
GENERAL FUND		4,450,515			4,799	4,799	4,799	4,799
ADDATAL FILID	50.20*	60.70*	60.70*	60.70*	60.7*	60.7*	60.7* 79,837	60.7* 79,837
SPECIAL FUND	60,500,843	60,746,777	79,836,086 61.90*	79,836,086 61.90*	79,837 61.9*	79,837 61.9*	61.9*	61.9*
ATHER FER CHARG	64.90*			11,753,803		11,754		11,754
OTHER FED. FUNDS	63.40*	11,393,803 68.40*	67.40*	67.40*	67.4*	67.4*	67.4*	67.4*
REVOLVING FUND	100,364,598	167,420,931	167,822,848	167,822,848	167,822			167,822
CAPITAL IMPROVEMENT COSTS								
CONSTRUCTION	22,281,000	22,281,000	15,993,000	15,993,000				
TOTAL CAPITAL EXPENDITURES	22,281,000	22,281,000	15,993,000	15,993,000		700 000 000 000 000 000 000 000 000	#00 000 UES CON UES DES DES DES DES	
BY MEANS OF FINANCING				2 /// 200				
G.O. BONDS	• •	, ,	2,666,000					
OTHER FED. FUNDS	18,567,000	18,567,000	13,327,000	13,327,000				
TOTAL POSITIONS	251.00*	268.00*	267.00*	267.00*	267.00*	267.00*	267.00*	267.00*
TOTAL PROGRAM COST	198,760,304	266,293,026	280,204,680	280,204,680	264,212	264,212	264,212	264,212
				=======================================				========

PROGRAM ID:

HTH840

PROGRAM STRUCTURE NO. 040101

PROGRAM TITLE:

ENVIRONMENTAL MANAGEMENT

		TN DOLL	ARS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	204.00*	219.00*	218.00*	218.00*	218.0*	218.0*	218.0*	218.0*
PERSONAL SERVICES	11,954,916	12,258,132	12,845,825	12,845,825	12,847	12,847	12,847	12,847
OTHER CURRENT EXPENSES	157,335,403		243,656,857	243,656,857	243,657	243,657		243,657
EQUIPMENT	10,000	68,968	68,968	68,968	69	69	69	69
TOTAL OPERATING COST	169,300,319	236,569,763	256,571,650	256,571,650	256,573 ======	256,573 ======	256,573 ======	256,573 ======
BY MEANS OF FINANCING						57.0 0	57.0 0	57.0 0.
		57.00*	57.00*	57.00*	57.0*	57.0* 3,510	57.0*	57.0*
GENERAL FUND	3,225,126		3,509,085	3,509,085	3,510 60.2*	3,510 60.2*	3,510 60.2*	3,510 60.2*
	50.20*	60.20*	60.20*	60.20*	79,787			79,787
SPECIAL FUND	60,500,843 47.40*	60,696,902	79,786,211 47.40*	79,786,211 47.40*	47.4*	47.4*	47.4*	47.4*
ATHER FER FUNDS		47.40*	8,716,169			8,716		
OTHER FED. FUNDS	53.40*	54.40*	53.40*	53,40*	53.4*	53.4*	53.4*	53.4*
REVOLVING FUND	97,390,091	164,210,249		164,560,185	164,560			164,560
CAPITAL IMPROVEMENT COSTS				; ;				
CONSTRUCTION	22,281,000	22,281,000	15,993,000	15,993,000				
TOTAL CAPITAL EXPENDITURES	22,281,000	22,281,000	15,993,000	15,993,000				
	الله الله فقط فقط هذه الله الله الله الله الله الله الله	20 100 EM 40 EM 50 EM 50 EM 50 EM 50 EM				while their specia spec		
BY MEANS OF FINANCING								
G.O. BONDS			2,666,000					
OTHER FED. FUNDS	18,567,000	18,567,000	13,327,000	13,327,000				
TOTAL POSITIONS	204.00*	219.00*				218.00*	218.00*	218.00*
TOTAL PROGRAM COST	191,581,319		272,564,650		256,573	256,573	•	256,573

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH840
PROGRAM STRUCTURE: 040101
PROGRAM TITLE: ENVIRONMENTAL MANAGEMENT

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS	2003-00	2000-07	2007-00	2000-03	2003-10	2010-11	2011-12	2012-10
1. % COVERED SOURCES IN COMPL W/AIR RULES/PERMITS 2. % WASTEWTR EFFL/BIOSOLIDS REUSED FOR BENEF PURPS 3. % WASTEWATER DISCHARGERS IN COMPLIANCE W/PERMITS 4. % OF MARINE RECREATIONAL SITES IN COMPL WITH RULES 5. % PUBLIC DRINKING WATER SYS MEETING HEALTH STNDRDS 6. % INJECTION WELL FACILITIES WITH A UIC PERMIT 7. % SOLID & HAZARDOUS WASTE FACILITIES IN COMPLIANCE 8. % UNDERGRND STORAGE TANK FACILITIES IN COMPLIANCE 9. PERCENT OF WASTEWATER REVOLVING FUNDS LOANED 10. % OF WASTEWATER SYSTEMS IN COMPLIANCE WITH RULES	91 17 95 99 90 49 60 87 82 85	91 17 96 100 90 57 60 87 82 85	91 17 96 100 90 57 60 87 82 85	91 17 96 100 90 57 60 87 82 85	91 17 96 100 90 57 60 87 82 85	91 17 96 100 90 57 60 87 82 85	91 17 96 100 90 57 60 87 82 85	91 17 96 100 90 57 60 87 82 85
PROGRAM TARGET GROUPS 1. NUMBER OF COVERED AIR POLLUTION SOURCES 2. # EXSTG TRTMT WORKS PRODONG RECLAIMD WTR/BIOSOLIDS 3. NUMBER OF MAJOR AND MINOR WASTEWATER DISCHARGERS 4. NUMBER OF MARINE RECREATIONAL SITES 5. NUMBER OF PUBLIC DRINKING WATER SYSTEMS 6. NUMBER OF UNDERGROUND INJECTION WELL FACILITIES 7. NUMBER OF SOLID AND HAZARDOUS WASTE FACILITIES 8. NO. UNDERGROUND STORAGE TANK FACILITIES REGISTERED 9. VALUE OF WASTEWATER REVOLVING FUND LOANS MADE 10. # EXISTG TRTMT WKS & TRTMT INDIV WASTEWTR SYSTEMS	115 44 82 134 128 928 435 3218 2 27590	115 47 67 137 133 950 395 3240 4 27590	135 47 67 147 133 950 450 3200 4	135 47 67 157 133 950 450 3200 4	135 47 67 164 133 950 450 3200 4	135 47 67 175 133 950 450 3200 4	135 47 67 175 133 950 450 3200 4	135 47 67 175 133 950 450 3200 4 30590
PROGRAM ACTIVITIES 1. NO. INSPECTIONS OF COVERED AIR POLLUTION SOURCES 2. NO. OF INDIV WW SYS/BLDG PERMIT APPS REVWD/APPRVD 3. # OPER/MAINT/COMPLNT INSPECTNS OF WASTEWTR DISCHRS 4. # OF MICROBIOL/CHEM ANALYSES FOR MARINE WATER QUAL 5. # OF SYSTEMS MONITRD FOR COMPL W/FORMAL ENF ORDERS 6. NUMBER OF INJECTION WELL APPLICATIONS PROCESSED 7. # OF SOLID/HAZ WASTE FACIL INSPECTED/INVESTIGATED 8. NO. OF UNDERGRND STORAGE TANK FACIL EVAL/INSPECTED 9. NUMBER OF NEW CONSTRUCTION LOANS ISSUED 10. # OP/MAINT/CONST INSP/ENF ACT/INVSTGTNS AT WW FAC	112 6523 397 5219 1 72 82 297 2 3000	115 6500 300 5620 1 72 80 450 4	115 650 300 6020 1 72 80 500 6	115 650 300 6200 1 72 80 500 6	115 650 300 6420 1 72 80 500 6	115 650 300 6570 1 72 80 500 6	115 6500 300 6570 1 72 80 500 6	115 6500 300 6570 1 72 80 500 6
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	252 8,582 7,092 61,020 	70 8,676 20,879 62,979 12,538	70 8,469 20,879 62,365 5 12,829	70 8,156 20,879 62,287 5 13,684	70 7,841 20,850 62,211 5 13,230	70 7,515 20,850 61,391 5 13,549	70 7,181 20,850 61,276 5 13,851	70 6,838 20,850 61,189 5 14,255
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	264 64,738 23,512 88,514	385 68,882 35,875 105,142	385 68,434 35,798 104,617	380 68,434 36,267 105,081	380 68,433 35,394 104,207	380 67,713 35,287 103,380	380 67,713 35,140 103,233	380 67,713 35,114 103,207

A. Statement of Program Objectives

To preserve and enhance environmental quality as it relates to human and ecological health in Hawaii.

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>

The budget includes the following requests:

Increase the Special Fund Ceiling for the Deposit Beverage Container Special Fund by	<u>FY 2008</u> 18,854,194 B	<u>FY 2009</u> 18,854,194 B
\$18,854,194 from \$52,187,059 to \$71,041,253	360,000 N	360,000 N
Increase the Federal Fund Ceiling in the Clean Air Branch This request is to increase the federal fund ceiling for receipt of the Exchange Network Air Pollution Grant.	300,000 N	300,000 N
Establish Revolving Fund Ceiling for Leaking Underground Storage Tanks	200,000 W	200,000 W
Delete Geologist I (#45348) from the Solid and Hazardous Waste Branch due to RIF	-(1.00) (45,612) W	-(1.00) (45,612) W
Match for Water Pollution Control State Revolving Funds (CIP)	995,000 C	995,000 C
For each year, EPA requires State match of \$995,000 for receipt of \$4,974,000 of wastewater construction funds for the Water Pollution Control State Revolving Fund program.	4,974,000 N	4,974,000 N
Match for Safe Drinking Water Treatment Revolving Loan Fund (CIP)	1,671,000 C	1,671,000 C

For each year, EPA requires State match of \$1,671,000 for receipt of \$8,353,000 of Drinking Water Treatment Loan Revolving Fund program.

8,353,000 N N

C. Description of Activities Performed

- Technical Review: Evaluate the actual or potential for environmental pollution from natural and manmade sources and administer the State's wastewater and drinking water facilities construction and improvement programs.
- Permitting: Issue permits for the control of air, water and underground discharges and for solid waste management and disposal.
- 3. Monitoring and Inspection: Monitor and evaluate the effects of pollutants on ambient conditions throughout the State.
- Investigation and Enforcement: Investigate complaints, inspect sources, and initiate appropriate action to correct violations.
- 5. Other: Provide technical assistance to various private and public agencies.
- Emergency preparedness: Prepare for disasters and other emergency, particularly from terrorist acts against drinking water systems and from sewage spills.

D. Statement of Key Policies Pursued

The major strategy in environmental management is the use of regulatory power to force compliance by dischargers to standards set by the Department of Health. The Department's policy has been to use permits and variances as the principal mechanism, working with dischargers to set schedules for compliance and utilizing enforcement actions for major discharges.

The water pollution control strategy is to attack water pollution in the areas where it is serious and where it results from the discharge of point sources and controllable nonpoint sources. The overall air pollution strategy is to maintain control over stationary sources. A new direction will be taken with the development of an air toxics program whereby specific air toxic will be monitored for quantified and assessed for potential health impacts.

In solid waste management, departmental policy is to continually upgrade facilities through regulation and technical assistance to meet environmental standards and to encourage recycling and resource recovery.

The hazardous waste management program strategy is to assure that generators either 1) recover their wastes for reuse or 2) dispose of their wastes by permitted incineration or by shipping out-of-state for disposal in a Federally-permitted facility.

The safe drinking water program is a surveillance, monitoring and enforcement program to insure that water purveyors are providing safe drinking water that is in compliance with applicable standards.

E. Identification of Important Program Relationships

- 1. Intradepartmental
 - The Laboratories Division of the Department of Health provides laboratory support for the pollution control programs, including analyses of samples and the preparation of laboratory reports.
- 2. Interagency

The major interagency relationship of the environmental management programs is with the U.S. Environmental Protection Agency. At the State level, programs are coordinated with Department of Land and Natural Resources, Department of Transportation, Department of Agriculture, the Department of Business, Economic Development, and Tourism and Department of the Attorney General.

F. Description of Major External Trends Affecting the Program

The federal government, through various laws enacted by Congress, has a major effect on the State environmental management programs by mandating minimum requirements without adequate funding.

G. Discussion of Cost, Effectiveness, and Program Size Data

Extensive federal legislation in the area of environmental protection, often without funding, and increasing federal efforts to delegate programs to the State have resulted in our inability to accomplish desired goals.

H. Discussion of Program Revenue

The major source of income for this program is Federal grants administered by the U.S. Environmental Protection Agency and funded pursuant to the Federal Water Pollution Control Act, Clean Air Act, the Resource Conservation and Recovery Act, and the Safe Drinking Water Act.

- I. Summary of Analysis Performed
 Not applicable.
- J. <u>Further Consideration</u> None

PROGRAM ID:

HTH850

PROGRAM STRUCTURE NO. 040301

PROGRAM TITLE:

OFFICE OF ENVIRONMENTAL QUALITY CONTROL

		IN DOLI		IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
OPERATING COST	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*	
PERSONAL SERVICES	243,909	243,967	266,723	266,723	267	267	267	267	
OTHER CURRENT EXPENSES	53,203	53,203	53,203	53,203	53	53	53	53	
TOTAL OPERATING COST	297,112	297,170	319,926	319,926	320	320	320	320	
			======================================	*********	*****			***	
BY MEANS OF FINANCING				1					
	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*	
GENERAL FUND	297,112	297,170	319,926	319,926	320	320	320	320	
TOTAL POSITIONS	5.00*	5.00*	5.00*	5.00*	5.00*	5.00*	5.00*	5.00*	
TOTAL PROGRAM COST	297,112	297,170	319,926	319,926	320	320	320	320	
TOTAL TROOKAN COST	=======================================			=======================================	=======	=======			

PERFORMANCE MEASURES AND PROGRAM REVENUES

REPORT P62

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH850
040301
OFFICE OF ENVIRONMENTAL QUALITY CONTROL

	FY							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % OF ENV ASSMTS/EIS REVIEWED/PUBL IN OEQC BULLETIN	100	100	100	100	100	100	100	100
PROGRAM TARGET GROUPS 1. HAWAII DEFACTO POPULATION	1304000	1305000	1307000	1308000	1308000	1308000	1309000	1309000
PROGRAM ACTIVITIES 1. NO. OF POSN/POL ON ENVIRMTL ISSUES DEV FOR GOV/LEG 2. NO. ENV ISSUES ASSESSMTS/IMPACT STATEMNTS REVIEWED 3. NO. ENVRNMNTL EDUC PROJECTS & WORKSHOPS CONDUCTED	1	1	1	1	1	1	1	1
	420	420	420	420	420	420	440	450
	2	2	2	2	2	2	4	4

A. Statement of Program Objectives

To assist in restoring, protecting and enhancing the natural physical environment of the State by stimulating, expanding, and coordinating efforts of governmental agencies, industrial groups and citizens.

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>

There are no budget requests at this time.

C. Description of Activities Performed

The program objectives include implementation of Chapter 341, HRS as amended. Within this statute actions are encouraged which: 1) abate existing pollution of Hawaii's environment; 2) prevent environmental degradation and enhance environmental quality; 3) stimulate greater knowledge of the environment through education of the public.

Activities performed to implement these objectives include: 1) operation of the Environmental Impact Statement process (HRS 343); 2) support of the Environmental Council (HRS 341); 3) stimulating new environmental initiatives in the public and private sectors, especially through programs of environmental education; 4) aiding the State Executive agencies in fulfilling their environmental obligations; and 5) public participation through the Environmental Council.

D. Statement of Key Policies Pursued

The key policies which govern this program are those in Chapters 341 and 343, HRS. These policies contend that Hawai'i's environment and economy are of equal importance, and the environment shall receive full consideration in all actions or decisions which may affect it. The environmental impact statement process and the Environmental Council assure that the economic, physical, social and other benefits and impacts of proposed actions are identified and assessed. OEQC also initiates new environmental activities and informs agencies and the public about viable means of protecting, conserving, or reusing valuable natural and man-made resources.

E. Identification of Important Program Relationships

Program relationships extend to virtually every agency of State and County government as well as the Federal agencies. All actions with environmental impact fall within OEQC purview. This extends to private industry, citizens and organizations. Within the State government, the environmental aspects of each agency's operations are subject to OEQC guidance and coordination, and when requested by the Governor, direction by OEQC.

F. Description of Major External Trends Affecting the Program

External trends, which affect this program, are diverse. Major ones include: 1) Federal, State, and local laws; 2) the state of the economy; 3) the increasing awareness of citizens on matters relating to the environment; 4) official plans or constraints which influence private actions and the environment.

G. Discussion of Cost, Effectiveness and Program Size Data

The scope of OEQC's program effort is exceedingly broad. Existing staff levels allow for the fulfilling of the mandate provided in HRS 343 to administer the environmental review system. The disclosure process is to inform all citizens of projects and their effect to the environment, economic development, social and cultural impacts.

H. Discussion of Program Revenues

No direct program revenues accrue to OEQC.

I. Summary of Analysis Performed

No current analysis has been performed.

J. Further Consideration

None.

A. Statement of Program Objectives

To assist in restoring, protecting and enhancing the natural physical environment of the State by stimulating, expanding, and coordinating efforts of governmental agencies, industrial groups and citizens.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

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C. Description of Activities Performed

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H. Discussion of Program Revenues

No direct program revenues accrue to OEQC.

I. Summary of Analysis Performed

No current analysis has been performed.

J. Further Consideration

None.

PROGRAM ID:

HTH849

PROGRAM STRUCTURE NO. 040303

PROGRAM TITLE:

ENVIRONMENTAL HEALTH ADMINISTRATION

		IN DOLI	_ARS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	42.00*	44.00*	44.00*	44.00*	44.0*	44.0*	44.0*	44.0*
PERSONAL SERVICES	2,498,508	2,755,728	2,930,739	2,930,739	2,930	2,930	2,930	2,930
OTHER CURRENT EXPENSES	4,383,365	4,384,365	4,384,365	4,384,365	4,384	4,384	4,384	4,384
EQUIPMENT		5,000	5,000	5,000	5	5	5	5
TOTAL OPERATING COST	6,881,873	7,145,093	7,320,104	7,320,104	7,319	7,319	7,319	7,319
	200 SEE SEE SEE SEE SEE SEE SEE SEE SEE S		######################################	##======####		******		
BY MEANS OF FINANCING				1				
	14.50*	15.00*	15.00*	15.00*	15.0*	15.0*	15.0*	15.0*
GENERAL FUND	809,237	846,902	969,932	969,932	969	969	969	969
	*	.50*	.50*	.50*¦	.5*	.5*	.5*	.5*
SPECIAL FUND		49,875	49,875	49,875	50	50	50	50
	17.50*	14.50*	14.50*	14.50*¦	14.5*	14.5*	14.5*	14.5*
OTHER FED. FUNDS	3,098,129	3,037,634	3,037,634	3,037,634	3,038	3,038	3,038	3,038
	10.00*	14.00*	14.00*	14.00*	14.0*	14.0*	14.0*	14.0*
REVOLVING FUND	2,974,507	3,210,682	3,262,663	3,262,663	3,262	3,262	3,262	3,262
TOTAL POSITIONS	42.00*	44.00*	44.00*	44.00*	44.00*	44.00*	44.00*	44.00*
TOTAL PROGRAM COST	6,881,873	7,145,093	7,320,104	7,320,104	7,319	7,319	7,319	7,319
					=======	****		

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH849
PROGRAM STRUCTURE: 040303
PROGRAM TITLE: ENVIRONMENTAL HEALTH ADMINISTRATION

	FY							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % OIL/CHEM/HAZ SPILL RESPONSES/CLEANUPS INVESTGTD 2. PERCENT OF COMPLETE CHEMICAL INVENTORIES REPORTED 3. PERCENT OF TARGET GROUP THAT HAS BEEN ASSISTED	21	21	30	30	30	30	30	30
	96	96	100	100	100	100	100	100
	10	10	10	10	10	10	10	10
PROGRAM TARGET GROUPS 1. NUMBER OF OIL/CHEMICAL/HAZARDOUS MATERIAL SPILLS 2. # KNOWN FACIL REQUIRED TO REPORT CHEM INVENTORIES 3. # PERSONS AFFECTED BY/OR INQ ABOUT ENVIRON HAZARDS	438	438	400	400	400	400	400	400
	900	900	900	900	900	900	900	900
	100000	100000	100000	100000	100000	100000	100000	100000
PROGRAM ACTIVITIES 1. NO. OIL/CHEM/HAZARD MATERIAL SPILLS INVESTIGATED 2. NO. OF FACIL REPRTNG COMPLETE CHEMICAL INVENTORIES 3. # INVESTIG/RESPONSES TO RPTS OF ENV ILLNESS/INJURY	83	83	198	198	198	198	198	198
	862	862	1184	1184	1184	1184	1184	1184
	961	961	960	960	960	960	960	960
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) TAXES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES TOTAL PROGRAM REVENUES	1,808	1,800	1,800	1,800	1,800	1,800	1,800	1,800
	239	54	54	54	54	,54	54	54
	2,204	1,005	1,005	1,005	1,005	1,005	1,005	1,005
	62	42	42	42	42	42	42	42
	1,320	640	640	640	640	640	640	640
	5,633	3,541	3,541	3,541	3,541	3,541	3,541	3,541
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	2,443	1,059	1,059	1,059	1,059	1,059	1,059	1,059
	3,190	2,482	2,482	2,482	2,482	2,482	2,482	2,482
	5,633	3,541	3,541	3,541	3,541	3,541	3,541	3,541

A. Statement of Program Objectives

To formulate environmental policy; direct operations and personnel; and provide other administrative, planning, hazard evaluation, and emergency response services.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

The Environmental Health Administration has no requests at this time. The budget submitted is to continue current level of services.

C. Description of Activities Performed

The major activities in this program are:

- Administration: Establish and implement policies for environmental programs to prevent and/or reduce to acceptable levels environmental pollution and to protect the community from unsanitary or hazardous conditions.
- 2. Planning: Provide short- and long-term planning, information management, and program evaluation services for all programs in Environmental Health Administration.
- Hazard Evaluation & Emergency Response: Provide the evaluation and surveillance of environmental hazards and emergency and other response to and remediation of environmental agents.
- 4. Resource Control: Plan, direct, and review fiscal and personnel planning, programming, and budgeting activities for Environmental Health Administration.

D. Statement of Key Policies

Environmental Health Administration policies are discussed in the Department's Environmental Management, HTH 840, and Environmental Health Services, HTH 610. In addition to the above, Environmental Health Administration establishes policy for all environmental programs, provides administrative services, develops new programs, and provides response to environmental emergencies.

E. Identification of Important Program Relationships

1. Intradepartmental

The Laboratories Division of the Department of Health provides laboratory support for the environmental programs, including analyses of samples and the preparation of laboratory reports.

2. Interagency

The primary interagency relationship is with the U.S. Environmental Protection Agency, Region 9, which provides guidelines and funding for fourteen major programs. The U.S. Food and Drug Administration provides guidelines for the more traditional public health programs. Close interagency relationships are maintained with the State Department of Transportation, Department of Land and Natural Resources, Department of Agriculture, the Department of Business, Economic Development, and Tourism and Department of the Attorney General.

F. Description of Major External Trends Affecting the Program

The Federal government, through various laws enacted by Congress, has a major effect on the State environmental programs due the enactment of new programs and the revision of requirements of existing programs. These changes include the establishment of minimum requirements without increased funding. Anti-terrorism needs are now a serious element.

G. Discussion of Cost, Effectiveness, and Program Size Data

Extensive federal legislation in the area of environmental protection, often without funding, and increasing federal efforts to delegate programs to the State has resulted in extensive prioritizing in order to accomplish desired goals.

H. Discussion of Program Revenues

The Federal grants continue to be the main source of outside revenue for the programs. Another source of income is from various environmental activities, fines, cost recovery, special charges, etc., that are placed into the Environmental Response Revolving Fund.

I. Summary of Analysis Performed

Not applicable.

J. Further Consideration

None

PROGRAM ID:

PROGRAM STRUCTURE NO. 05

PROGRAM TITLE:

HEALTH

		IN DOLL	.ARS	IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
CURRENT LEASE PAYMENTS OTHER CURRENT EXPENSES	76,796	76,796	14,254,796	18,351,796	18,352	18,352	18,352	18,352	
MOTOR VEHICLE	32,260	32,260	32,260	32,260	32	32	32	32	
TOTAL CURRENT LEASE PAYMENTS C	109,056	109,056	14,287,056	18,384,056	18,384	18,384	18,384	18,384	
BY MEANS OF FINANCING GENERAL FUND SPECIAL FUND	109,056	109,056	109,056 14,178,000	109,056 18,275,000	109 18,275	109 18,275	109 18,275	109 18,275	
OPERATING COST PERSONAL SERVICES	5,650.35* 385,415,946	5,668.75* 418,347,513	5,780.75* 435,771,537	5,780.75* 440,691,854	5,780.9* 440,690	5,780.9* 440,690 702,085	5,780.9* 440,690 702,085	5,780.9 [,] 440,690 702,085	
OTHER CURRENT EXPENSES EQUIPMENT MOTOR VEHICLE	526,476,853 1,275,236 27,500	582,104,948 1,782,636	679,053,983 4,227,484	702,086,233	702,085 1,506	1,506	1,506	1,506	
TOTAL OPERATING COST	913,195,535	1,002,235,097	1,119,053,004	1,144,649,559	1,144,281	1,144,281	1,144,281	1,144,281	
BY MEANS OF FINANCING									
GENERAL FUND	2,519.60* 398,723,144 2,852.25*	2,525.00* 436,429,465 2,851.25*	2,591.50* 489,122,633 2,897.25*	2,591.50* 490,204,575 2,897.25*	2,591.6* 489,837 2,897.3*	2,591.6* 489,837 2,897.3*	2,591.6* 489,837 2,897.3*	2,591.6 489,837 2,897.3	
SPECIAL FUND	423,252,272 275.50*	424,515,169 289.50*	469,058,541 289.00*	488,570,470 289.00*	488,570 289.0*	488,570 289.0*	488,570 289.0*	488,570 289.0	
OTHER FED. FUNDS	88,378,860 3.00*	85,718,803 3.00*	91,616,359	91,637,769 3.00*	91,638 3.0*	91,638 3.0*	91,638 3.0*	91,638 3.0	
INTERDEPT. TRANSFER	2,841,259	55,571,660	69,255,471	74,236,745	74,236	74,236	74,236	74,236	
CAPITAL IMPROVEMENT COSTS				! ! !					
PLANS	375,000 3,163,000	125,000 3,867,000	1,000 2,895,000	503,000					
DESIGN CONSTRUCTION	30,710,000	13,830,000	25,623,000	17,533,000					
EQUIPMENT	175,000	275,000	2,000				-		
TOTAL CAPITAL EXPENDITURES	34,423,000	18,097,000	28,521,000	18,036,000					

BY MEANS OF FINANCING GENERAL FUND

436,000

PROGRAM ID:

PROGRAM STRUCTURE NO. 05

PROGRAM TITLE:

HEALTH

		IN DOLL	.ARS			IN THOUS	ANDS		
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY200809	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
G.O. BONDS	16,195,000	17,661,000	28,521,000	18,036,000					
OTHER FED. FUNDS	18,228,000								
TOTAL POSITIONS	5,650.35*	5,668.7 <i>5</i> *	5,780.7 <i>5</i> *	5,780.75*	5,780.90*	5,780.90*	5,780.90*	5,780.90*	
TOTAL PROGRAM COST	947,727,591	1,020,441,153	1,161,861,060	1,181,069,615	1,162,665	1,162,665	1,162,665	1,162,665	
						========			

PROGRAM ID:

HTH100

PROGRAM STRUCTURE NO. 05010101

PROGRAM TITLE:

COMMUNICABLE DISEASE SERVICES

		IN DOLLA	RS		IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13		
OPERATING COST	134.50*	132.50*	131.50*	131.50*	131.5*	131.5*	131.5*	131.5*		
PERSONAL SERVICES	8,187,372	9,186,473	9,323,639	9,323,639	9,323	9,323	9,323	9,323		
OTHER CURRENT EXPENSES	12,675,374	12,166,557	12,681,107	12,681,107	12,682	12,682	12,682	12,682		
TOTAL OPERATING COST	20,862,746	21,353,030	22,004,746	22,004,746	22,005	22,005	22,005	22,005		
BY MEANS OF FINANCING				1						
	120.00*	119.00*	119.00*	119.00*	119.0*	119.0*	119.0*	119.0*		
GENERAL FUND	12,765,917	13,429,203	14,080,919	14,080,919	14,080	14,080	14,080	14,080		
	14.50*	13.50*	12.50*	12.50*	12.5*	12.5*	12.5*	12.5*		
OTHER FED. FUNDS	8,096,829	7,923,827	7,923,827	7,923,827	7,925	7,925	7,925	7,925		
CAPITAL IMPROVEMENT COSTS										
DESIGN		750,000	51,000							
CONSTRUCTION		·	4,460,000	į						
EQUIPMENT			1,000							
TOTAL CAPITAL EXPENDITURES		750,000	4,512,000							
	NOTE AND ADDRESS A				*********			****		
BY MEANS OF FINANCING				1						
G.O. BONDS		750,000	4,512,000							
TOTAL POSITIONS	134.50*	132.50*	131.50*	131.50*	131.50*	131.50*	131.50*	131.50*		
TOTAL PROGRAM COST	20,862,746	22,103,030	26,516,746	22,004,746	22,005	22,005	22,005	22,005		

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH100
PROGRAM STRUCTURE: DS010101
PROGRAM TITLE: COMMUNICABLE DISEASE SERVICES

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS								
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS 2. ACTIVE TB CASES - PROPORTN COMPLTNG RECOMM THERAPY 3. LATENT TB CASES - PROPRTN COMPLTNG RECOMM THERAPY 4. CHLAMYDIA CASE RATE PER 100,000 5. GONORRHEA CASE RATE PER 100,000 6. NEWLY REPORTED AIDS CASES PER 100,000 7. NEWLY DIAGNOSED HANSEN'S DISEASE CASES PER 100,000 8. % OUTPATIENTS W/NEW COMPLICATNS FROM HANSEN'S DIS 9. ANNL KALAUPAPA REGISTRY PATIENT CARE/RESIDENT DAYS 10. % KALAUPAPA PATNTS RCVNG ANNL PHY EVAL/REHAB PRGM	8.8 91% 54% 450 83 8 2 2 4856 100	8.8 90% 54% 450 84 8 2 2 4900	8.6 92% 55% 450 84 8 2 2 4900	8.6 92% 56% 450 84 8 2 2 4900	8.4 93% 57% 450 84 8 2 2 4900	8.4 93% 58% 450 84 8 2 2 4900 100	8.4 93& 58% 450 84 8 2 2 4900 100	8.4 93% 58% 450 84 2 2 4900
PROGRAM TARGET GROUPS 1. RESIDENT POPULATION, STATE OF HAWAII (IN THOUSANDS 2. CONTACTS OF INFECTIOUS TB CASES 3. DOCUMENTED IMMIGRANTS 4. WOMEN 18-25 YEARS OF AGE 5. CONTACTS OF CHLAMYDIA CASES FROM DOH'S STD CLINIC 6. CONTACTS OF HIV CASES FRM DOH'S HIV COUNSLING/TSTNG 7. PATIENTS DOH'S CONTR CASE MGT SVCS NOT HIV TRTMNT 8. PATIENTS ON THE KALAUPAPA REGISTRY 9. CONTACTS OF HANSEN'S DISEASE CASES 10. OUTPATIENTS W/HANSEN'S DISEASE-RELATD DISABILITIES	1275 968 3591 65000 593 30 0 34 706 135	1275 970 3591 65000 600 30 0 31 700	1275 970 3600 65000 600 30 0 28 700	1275 970 3600 65000 600 30 0 25 700	1275 970 3600 65000 600 30 0 22 700	1275 970 3600 65000 600 30 0 22 700	1275 970 3600 65000 600 30 0 22 700	1275 970 3600 65000 600 30 0 22 700
PROGRAM ACTIVITIES 1. NO. OF INDIVIDUALS RECVNG COUNSELNG/EVAL/SCREENING 2. NO. INDIV RECVNG EVAL FOR SUSPCTD EXP TO COMM DIS 3. NO. OF INDIV RECVNG TREATMNT FOR COMM DISEASE 4. NO. OUTPATNT VISTS/EVAL BY PHYS/NURSES/SW/PARAMED 5. NO. OF LABORATORY TESTS OBTAINED AND REVIEWED 6. NO. OF WOMEN, 18-25, SCREENED FOR CHLAMYDIA 7. NO. PATIENTS PROVIDD HIV-RELATD DRUG TREATMNT ASST 8. NO. OF HIV DRUG TREATMENT PRESCRIPTIONS FILLED 9. NUMBER OF STERILE SYRINGES EXCHANGED 10. # KALAUPAPA PATIENTS PROVD ANNL PHYSIC/REHAB ASSMT	53000 756 2344 13942 4572 8501 299 8580 408014 34	53000 750 2300 13500 4500 8500 300 8600 410000	50000 750 2300 13500 4500 8500 300 8600 410000 28	48000 750 2300 13500 4500 8500 300 8600 410000	46000 750 2300 13500 4500 8500 300 8600 410000	44000 750 2300 13500 4500 8500 300 8600 410000	44000 750 2300 13500 4500 8500 300 8600 410000	44000 750 2300 13500 4500 8500 300 8600 410000 22
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	8,706 40 99 8,845	8,938 35 80 9,053	9,035 35 80 9,150	9,035 35 80 9,150	9,035 35 80 9,150	9,035 35 80 9,150	9,035 35 80 9,150	9,035 35 80 9,150
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS TOTAL PROGRAM REVENUES	139 8,706 8,845	115 8,938 9,053	115 9,035 9,150	115 9,035 9,150	115 9,035 9,150	115 9,035 9,150	115 9,035 9,150	115 9,035 9,150

A. Statement of Program Objectives

To reduce the incidence, severity, and disabling effects of established, communicable diseases of public health importance (i.e. tuberculosis (TB), sexually transmitted disease (STDs), Human Immunodeficiency Virus (HIV) and Hansen's disease) by adopting preventive measures and by undertaking programs of early detection and effective treatment. Provide long-term care to Hansen's disease patients who have been disabled either directly from pathological effects of the disease, or psychologically or socially from the effects of prolonged institutionalization.

B. Description of Request and Compliance with Section 37-68(1) (A) (B)

Request to transfer-in positions and funds from HTHs 101, 111, 121 and 595/KE to consolidate programs into HTH 100 – Communicable Disease Services (119.00/13,461,369A each year; and 13.50/7,923,827N each year). General fund requests for each fiscal year of the biennium include: \$126,000 for chlamydia screening supplies and test kits; \$65,100 for additional security at Kalaupapa Settlement; \$50,000 to provide electrical system upgrades for Kalaupapa patients' houses; and \$378,450 for increased air freight, barge freight, gas, and electricity costs. General obligation bond funds are requested for FY 2008 Capitol Improvement Program projects as follows: \$510,000 for design and construction for various improvements to the Kalaupapa Nursing Facility involving a new generator with wiring, fire safety retrofits, and other improvements; and \$4,002,000 for the ongoing Kalaupapa Harbor (pier and breakwater) repair and improvement project.

C. Description of Activities Performed

Tuberculosis Control Services—Coordinate and provide screening for active TB disease and latent TB infection using skin test, blood tests and X-rays. PHNs, MDs, pharmacists, and outreach workers evaluate, treat, and monitor patient compliance with treatment protocols, as well as trace and manage contacts of active TB cases. "TB Cohort Review" and other program evaluation tools provide comprehensive program evaluation and direction, and facilitates collection of relevant data for surveillance, statistical reporting and analysis of trends.

Hansen's Disease Services—The Hansen's Disease Community Program prevents the spread of Hansen's disease through case management, treatment and epidemiological follow up of new cases. The program provides a secure living environment and all medical care for the patients of Kalaupapa as long as they choose to stay there. Hale Mohalu Hospital on Oahu provides a higher level of medical care for the Kalaupapa patients than can be provided at the Kalaupapa nursing facility. Patients are also triaged or re-admitted to

Hale Mohalu Hospital on their way to tertiary care in the community hospitals, thus providing greater continuity of care.

STD/AIDS Prevention Services - Provides surveillance, prevention, and treatment in conjunction with community partners to reduce the spread of STDs and HIV infection statewide and screen those who are most at risk. The STD Clinic, located at Diamond Head Health Center, offers free examination, treatment, counseling, and health education services. The Gonorrhea/Chlamydia Screening Program is a statewide screening program to reduce the reservoir of infection in asymptomatically affected women who can transmit infection and who may have delayed sequelae from their infection. The screening program also provides health care providers with the necessary materials, delivery system, and laboratory support to screen high-risk women for gonorrhea/chlamydia. STD and HIV surveillance data enables the program to monitor disease transmission and to target resources more efficiently and effectively. The STD/AIDS Prevention Branch also coordinates and participates in a program for anonymous HIV testing that includes pre- and post-test counseling provided by trained HIV counselors/testers in community clinics throughout the State. HIV/AIDS medical care and services are supported through case management in conjunction with community partners. Individuals with HIV/AIDS are provided initial medical and laboratory services. HIV medications are provided for residents with HIV who are unable to access them through other sources. The STD/AIDS Branch also administers a program that continues group health insurance coverage for patients who meet specific program criteria and who leave employment due to symptomatic HIV infection.

D. Statement of Key Policies Pursued

The TB Control Branch operates to limit and control tuberculosis in accordance with Chapter 325, HRS. TB control is provided though administrative rules Title 11 Chapter 164.

The Hansen's Disease Branch operates to limit and control Hansen's disease in accordance with Chapter 326, HRS and administrative rules Title 11 Chapter 168. The Kalaupapa program operates in accordance with HRS 326-40, which mandates the provision of medical care and the maintenance of their Kalaupapa home for long-term Hansen's disease patients disabled from effects of the disease and life long institutionalization. Kalaupapa was established as a National Historical Park in December 1980 by Public Law 96-565 to operate, preserve, and protect Kalaupapa as a National Park.

The STD/AIDS Prevention Branch operates in accordance with Hawaii State Plan, Part I Sec 20(b)(1), (3), (4); Part I Sec 20 (b) (3); and Part I Sec (b) (4).

Surveillance for the entire division operates through administrative rules Title 11 Chapter 156.

E. Identification of Important Program Relationships

Communicable Disease Division programs work with hospitals, clinics, health care providers, nurses and many other health-related personnel; the US Immigration and Naturalization program; AIDS service organizations; all four military services and the U.S. Coast Guard; and pharmacies and diagnostic laboratories throughout the State. Services support and receive support from many State government agencies such as the Departments of Education, Human Services, Public Safety, Accounting and General Services, and the University of Hawaii. Other program relationships include the Inspector General's Office, and Community Health Centers. Similar interaction occurs within the Department of Health, most commonly with District Health Offices; Public Health Nursing, and Maternal and Child Health Branches; and the Dental Health, Alcohol and Drug Abuse, Adult Mental Health, Disease Outbreak Control, and State Laboratories Divisions. CDD staff provides support to the State during emergencies and exercises.

The Federal Government provides significant resources to all programs and, in return, requires strict adherence with program guidelines. Funding and other support comes from the Public Health Service, Centers for Disease Control and Prevention, Ryan White Care Act, and other US Department of Health and Human Services programs. Since 1953, Hawaii received annual reimbursement from the Federal government for the care and treatment of Hansen's disease patients in State facilities. This reimbursement has decreased over the last fifteen years to \$1.9 million currently. The DOH and the National Park Service (NPS) entered into a cooperative agreement in 1984 that gradually transfers non-medical operations to the NPS with the DOH continuing to be responsible for health care services. Infrastructure transfer within Kalaupapa is contingent on NPS funding levels.

F. Description of Major External Trends Affecting the Program

Although TB rates have been decreasing, Hawaii continues to report the highest annual case rates in the United States. Hawaii's TB and Hansen's disease case rates are most influenced by immigration. The Immigration Act of 1990 and the Compact of Free Association (COFA) have resulted in a steady influx of immigrants from nations in Asia and the Pacific Basin where TB and Hansen's disease is endemic. Rates of gonorrhea, syphilis, and particularly chlamydia in Hawaii are increasing. The large number of patients who meet criteria for testing and the increased costs of accurate chlamydia tests provide challenges for STD control. The aging of Kalaupapa patients poses significant challenges with increasing infirmities and limitations adding to the progressive disabilities of Hansen's disease. As general medical and infrastructure costs increase in Hawaii, the costs for this geriatric population increase significantly. Problems with "ice" on topside Molokai and elsewhere are filtering into the settlement requiring increased security services. Increases in the number

of visitors and Park staff to Kalaupapa have added to the need for support services.

G. Discussion of Cost, Effectiveness, and Program Size Data

The Program Budget Request for FB 07-09 will at best maintain services at the current level without change to program size and effectiveness. Staff reduction to the Kalaupapa Settlement over the past 10 years has reached the minimum level to operate safely in this geographically isolated settlement. Many services are run 24 hours a day, 7 days a week and cannot be reduced without jeopardizing safety, efficiency, and effectiveness.

H. Discussion of Program Revenue

The Federal Government is currently reimbursing the State of Hawaii \$1.9 million annually. This revenue reimburses the State's general fund and is used to fund the Hansen's Disease community program. Small amounts are received by the two institutions for various charges relating to operations.

I. Summary of Analysis Performed

The Communicable Disease Division plans no significant changes in the budget and planning period, thus, no formal analysis has been performed.

J. Further Consideration

Operating Kalaupapa is an especially difficult problem. Due to its geographic isolation, the facility has to be self-sufficient to provide the services required for a community. The operation is not only costly but it is also difficult to attract and recruit qualified personnel to staff the program. Although administering Kalaupapa is costly, Section 326-40, HRS states that it is the policy of the State that the patient residents of Kalaupapa shall be accorded adequate health care and other services for the remainder of their lives. It is the policy of the State that any patient resident of Kalaupapa desiring to remain at the Settlement, shall be permitted to do so.

PROGRAM ID:

HTH131

PROGRAM STRUCTURE NO. 05010102

PROGRAM TITLE:

DISEASE OUTBREAK CONTROL

		IN DOLL	.ARS			IN IHOU:	SANUS	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	43.00*	55.00*	55.00*	55.00*	55.0*	55.0*	55.0*	55.0*
PERSONAL SERVICES	6,247,005	6,197,269	6,365,377	6,365,377	6,366	6,366	6,366	6,366
OTHER CURRENT EXPENSES	5,350,340	4,900,340	7,222,123	7,222,123	7,222	7,222	7,222	7,222
EQUIPMENT	326,118	826,118	826,118	826,118	826	826	826	826
TOTAL OPERATING COST	11,923,463	11,923,727	14,413,618	14,413,618	14,414	14,414	14,414	14,414
	100 CH2 100 CH2 100 CH2 100 CH2 CH2 CH2 CH2 CH2							
BY MEANS OF FINANCING				!				
	20.60*	20.60*	20.60*	20.60*	20.6*	20.6*	20.6*	20.6*
GENERAL FUND	1,519,422	1,519,686	1,663,977	1,663,977	1,664	1,664	1,664	1,664
	22.40*	34.40*	34.40*	34.40*	34.4*	34.4*	34.4*	34.4*
OTHER FED. FUNDS	10,404,041	10,404,041	12,749,641	12,749,641	12,750	12,750	12,750	12,750
TOTAL POSITIONS	43.00*	55.00*	55.00*	55.00*	55.00*	55.00*	55.00*	55.00*
TOTAL PROGRAM COST	11,923,463	11,923,727	14,413,618	14,413,618	14,414	14,414	14,414	14,414

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STATE OF HAWAII

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH131
PROGRAM STRUCTURE: D5010102
PROGRAM TITLE: DISEASE OUTBREAK CONTROL

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. INDIGNEOUS MEASLES CASE RATE PER 100,000 2. INDIGENOUS PERTUSSIS CASE RATE PER 100,000 3. % REPORTED VACC-PREVENTABLE DISEASES INVESTIGATED 4. % REPORTED FOOD COMPLAINTS INVESTIGATED 5. % REPORTED ZOONOTIC DISEASES INVESTIGATED 6. % SCH STDTS MEETING IMMZ REQ AFTER FOLLOW-UP 7. % PRESCHOOLERS MEETING IMMZ REQ AFTER FOLLOW-UP 8. % INF BORN TO HEP B CARR STARTG HEP B SERIES	0	0	0	0	0	0	0	0
	9	9	9	9	9	9	9	9
	100	100	100	100	100	100	100	100
	92	92	92	92	92	92	92	92
	100	100	100	100	100	100	100	100
	99	99	99	99	99	99	99	99
	99	99	99	99	99	99	99	99
PROGRAM TARGET GROUPS 1. TOTAL # HAWAII RESIDENTS (1000'S) 2. TOTAL # VISITORS TO HAWAII (1000'S) 3. TOTAL # CHILDREN ATTENDING LIC PRESCHOOLS (1000'S) 4. TOTAL # STUDENTS ATTENDING HAWAII SCHOOLS (1000'S) 5. NUMBER OF BIRTHS EXCLUDING MILITARY (100'S) 6. TOT# CHDRN BORN TO HEP B SURF ANTGN+ WOMEN (100'S)	1275	1275	1275	1275	1275	1275	1275	1275
	7494	7500	7500	7500	7500	7500	7500	7500
	19	19	19	19	19	19	19	19
	219	219	219	219	219	219	219	219
	153	153	153	153	153	153	153	153
	202	200	200	200	200	200	200	200
PROGRAM ACTIVITIES 1. # DOSES ST-SUPPLIED VACC DIST ADULTS/CHILD (1000S) 2. # SCH CHLD SURVEYED FOR IMM COVERAGE (1000'S) 3. # OF NEW HEP B REGISTRANTS 4. # COMMUNICABLE DISEASE CASES INVESTIGATED 5. # PRESCHOOLERS SURVEYED FOR IMMZ COVERAGE (1000'S)	5 197 2904 19	5 216 4711 1000 19						
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL TOTAL PROGRAM REVENUES	11,050	10,424	9,268	9,268	9,267	3,136	3,136	3,136
	11,050	10,424	9,268	9,268	9,267	3,136	3,136	3,136
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	11,050	10,424	9,268	9,268	9,267	3,136	3,136	3,136
	11,050	10,424	9,268	9,268	9,267	3,136	3,136	3,136

A. Statement of Program Objectives

To reduce the incidence, severity, and disabling effects related to communicable diseases, emerging disease threats, and potential acts of bioterrorism through surveillance, investigation, early detection, prevention, treatment, follow-up, and public risk reduction and education.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

The budget includes the following requests:

- Increase general funds for Hepatitis C program (0.00/75,000 A for each year of the biennium).
- Transfer HRSA federal grant funding and 2 temporary positions from HTH 730/MQ to HTH 131/DJ (0.00/2,345,600 N for each year of the biennium).

C. Description of Activities Performed

This program is responsible for the prevention and control of infectious diseases in Hawaii except for Hansen's disease, tuberculosis (TB), and sexually transmitted diseases including acquired immunodeficiency syndrome (AIDS), for which separate programs have been established. This program is responsible for coordinating public health emergency preparedness planning activities and integrating these activities with surveillance and response mechanisms, along with uniform application of policies, procedures, and practices as they relate to the control and prevention of infectious diseases, emerging disease threats, and preparedness and response for public health emergencies throughout the state.

The chief activities of this program include the following:

- Maintain surveillance of the incidence of communicable diseases of public health concern in Hawaii.
- Investigate disease outbreaks and single cases of important or uncommon diseases.
- Based on investigation findings and special studies, recommend improved disease prevention and control methods to physicians, other health care professionals, government agencies, industry (agriculture, dairy, poultry, other food), and the general public.
- 4. Provide assistance to physicians to diagnose and identify uncommon diseases and provide consultative assistance in treating such diseases upon request of the attending physician.

- Promote use of vaccines by the public to protect themselves from various communicable diseases for which vaccines are available.
- Provide vaccines for the immunization and protection of persons not able to pay for vaccines. Support immunization clinics with vaccine to reach elements of the population who are not able to access physicians in private practice.
- Conduct a Hepatitis B Program for the identification, immunization, and tracking of persons at high risk for hepatitis B virus (HBV). Maintain a registry of HBV carriers and provide education regarding HBV transmission, prevention, and control.
- 8. Assess the state of readiness to respond to public health emergencies.
- 9. Inventory resources available to respond to public health emergencies.
- 10. Develop and promulgate plans to respond to public health emergencies.

The Disease Outbreak Control Division (DOCD) is also participating in an effort to strengthen collaboration between the Department of Health and the University of Hawaii in order to address the threat of emerging infectious diseases and bioterrorism. The intent of the collaboration is to enhance the epidemiologic and laboratory capacity of the state to respond to disease outbreaks by fostering joint investigations of academic merit into the etiology, pathogenesis, control, and prevention of communicable diseases.

D. Statement of Key Policies Pursued

- Surveillance of infectious diseases to track disease incidence, trends, and impact on public health and to effect planning of surveillance and control activities.
- Timely investigation of infectious disease outbreaks and implementation of measures needed to prevent disease transmission, future outbreaks, and to reduce endemic levels of disease.
- Increase community participation, education, and partnerships to promote use of vaccines by the public for protection from various communicable diseases for which vaccines are available.
- Planning, policies, procedures, training, and practice to respond to potential acts of bioterrorism and other public health emergencies.

E. Identification of Important Program Relationships

The surveillance, investigation, control, and prevention of infectious disease, and public health emergency preparedness and response in Hawaii requires an

extensive network of private, city and county, state and federal, and other organizations. This network is coordinated by the DOCD in order to respond to threats to the public's health in an effective, efficient, and timely manner.

F. <u>Description of Major External Trends Affecting the Program</u>

Infectious disease is a major cause of morbidity in Hawaii and the control of infectious disease outbreaks remains a core function of the Health Department through the activities of the DOCD. In recent years infectious pathogens with substantial national and global impact, such as West Nile virus and Severe Acute Respiratory Syndrome (SARS) coronavirus, respectively, have emerged or reemerged. Other equally and perhaps more consequential infectious disease threats, such as an influenza pandemic, require planning and preparation. In addition to the large-scale public health hazards, diseases more common to our state but uncommon to most mainland states, such as leptospirosis and murine typhus, are a constant concern. Finally, infections common to all states, such as methicillin-resistant *Staphylococcus aureus* or *Salmonella*, are also constant concerns for Hawaii. Therefore, a concerted effort to prevent and control infectious pathogens is imperative to protect the public.

The need to prevent and control infectious illnesses has led to the development of improved disease surveillance systems. Comprehensive surveillance data ensure timely alerts to the occurrence of potential disease outbreaks and prompt, appropriate investigation and control measures are instituted. DOCD's Disease Investigation Branch is responsible for maintaining and enhancing the surveillance and response capabilities of our statewide disease investigation program.

One of the most cost effective measures to prevent the spread of infectious diseases among the population is age-appropriate immunization. Initiatives administered by DOCD's Immunization Branch currently provide federally funded vaccine to nearly two-thirds of Hawaii's children. In addition to supplying vaccine to under-immunized children, the Immunization Program promotes immunizations to parents and providers as well as the general public.

Continued growth of Hawaii's resident population with a concomitant increase in population density and the large volume of visitors enhance the potential for introduction and spread of infectious diseases, some of which, like SARS, could have catastrophic consequences for our economy as well as public health and social order. The large numbers of immigrants and foreign visitors add to the

complexity of infectious disease control activities required in our state. A strong Disease Outbreak Control program is essential to ensure that infectious threats to the public health are successfully addressed.

Developments in bioterrorism have made the need to enhance epidemiologic capacity evident to federal level decision-makers. Bioterrorism planning and preparedness includes enhancing resources for surveillance and response to potentially weaponized infectious diseases. DOCD's Bioterrorism Branch is responsible for needs assessment, development, testing, conducting response exercises, evaluation, and on-going updating of statewide public health response plans for bioterrorism events, other serious epidemics, and other public health emergencies, as well as coordination of these activities for county-specific emergency response plans.

G. Discussion of Cost, Effectiveness, and Program Size Data

The program budget request for FB 07-09 reflects current services plus additional services and positions with federal funding. The Immunization Branch is planning to increase outreach services and immunization screening services in public clinics and private medical facilities to increase immunization rates in children. Ongoing, 24/7/365 surveillance of and response to infectious diseases is a core function of the Department carried out by the Disease Investigation Branch.

The Epidemiology and Laboratory Capacity cooperative agreement provides federal funding which fully supports the State Electronic Laboratory Reporting program. The ELR links all major laboratories in the state to the DOCD to provide real-time electronic reporting of test results for diseases of public health concern. In addition, the agreement provides funding for staff positions charged with statewide surveillance for foodborne and enteric diseases, influenza and other respiratory diseases, and zoonotic and vectorborne diseases.

The Public Health Emergency Preparedness cooperative agreement supports activities and resources to prepare the State to respond effectively and efficiently to public health emergencies, including bioterrorism and natural disasters.

- H. Discussion of Program Revenue -- None.
- I. Summary of Analysis Performed -- None in recent years.
- J. Further Considerations -- None.

PROGRAM ID:

HTH141

PROGRAM STRUCTURE NO. 050102

PROGRAM TITLE:

DENTAL DISEASES

		IN DOL	LARS		THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY200910	FY2010-11	FY2011-12	FY2012-13	
OPERATING COST	25.00*	25.00*	25.00*	25.00*	25.0*	25.0*	25.0*	25.0*	
PERSONAL SERVICES	1,291,534	1,291,790	1,372,237	1,372,237	1,372	1,372	1,372	1,372	
OTHER CURRENT EXPENSES	471,147	471,147	371,147	371,147	371	371	371	371	
TOTAL OPERATING COST	1,762,681	1,762,937	1,743,384	1,743,384	1,743	1,743	1,743	1,743	
BY MEANS OF FINANCING				ļ					
	25.00*	25.00*		25.00*	25.0*	25.0*	25.0*	25.0*	
GENERAL FUND	1,762,681	1,762,937	1,743,384	1,743,384	1,743	1,743	1,743	1,743	
TOTAL POSITIONS	25.00*	25.00*	25.00*	25.00*	25.00*	25.00*	25.00*	25.00*	
TOTAL PROGRAM COST	1,762,681	1,762,937	1,743,384	1,743,384	1,743	1,743	1,743	1,743	
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STATE OF HAWAII

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH141
PROGRAM STRUCTURE: 050102
PROGRAM TITLE: DENTAL DISEASES

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % PRE-SCH & SCH-AGE CHILDRN RECVNG ORAL HTH ED SVS	20	15	20	20	20	20	20	20
 % SCH AGE CHILDRN RECVNG TOPICAL FLUORIDE APPLICAT % PERSONS IN DOH INSTITUTIONS RECEIVNG DENTAL SVCS % PERSNS DOH DENTL CLINICS WHO COMPLT DENTAL TRTMN 	15	15	15	15	15	15	15	15
	90	90	92	92	92	92	92	92
	40	40	40	40	40	40	40	40
PROGRAM TARGET GROUPS								
 PRE-SCHOOL AGE CHILDREN SCHOOL AGE CHILDREN PERSONS WITH MENTAL, PHYSICAL &/OR DEV DISABILTIES PERSONS IN EXTENDED CARE FACILITIES OR CARE HOMES PERSONS IN THE DEPARTMENT OF HEALTH INSTITUTIONS 	22000	22000	8000	8000	8000	8000	8000	8000
	200000	200000	200000	200000	200000	200000	200000	200000
	17500	17500	2400	2400	2400	2400	2400	2400
	800	800	800	800	800	800	800	800
	213	215	250	250	250	250	250	250
PROGRAM ACTIVITIES								
NO. OF SCHOOL CHILDREN PROVIDED DENTAL HEALTH EDUC NO. OF SCH CHILDREN PROVIDED TOPICAL FLUORIDE APPL NO. PERSONS IN DOH INSTITUTIONS RECVG DENTAL TRTMT NO. OF PERSONS RECVG DENTAL TRTMT AT DOH CLINICS NO. OF CLIENT VISITS AT DEPT. OF HEALTH CLINICS	58553	59000	60000	60000	60000	60000	60000	60000
	7700	7500	8000	8000	8000	8000	8000	8000
	213	215	250	250	250	250	250	250
	1984	1900	2400	2400	2400	2400	2400	2400
	6480	5600	7400	7400	7400	7400	7400	7400
6. NUMBER OF PERSONS RECEIVING ORAL HEALTH EDUCATION 7. NO. OF DENTAL PROCEDURES PERFORMED AT DOH CLINICS	65030	65000	65000	65000	65000	65000	65000	65000
	17032	17000	17000	17000	17000	17000	17000	17000
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)			50	50	50	50	50	50
CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	49 49	52 52	52 52	52 52	52 52	52 52	52 · 52	52 52
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)	40	F0	" 0	50	50	50	50	50
GENERAL FUNDS TOTAL PROGRAM REVENUES	<u>49</u>	52	52	52	52	52	52	52
	49	52	52	52	52	52	52	52

A. Statement of Program Objective

To promote oral health and reduce the incidence of and severity related to dental caries, oral diseases, and abnormalities through preventive dental hygiene services and other dental health programs; and by increasing public awareness and professional education.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

There are no budget requests at this time.

C. Description of Activities Performed

- New methods for the prevention and control of dental diseases are evaluated and considered for implementation as public health programming.
- 2. Dental Care services are provided to patients residing in Hawai'i State institutions like Hawaii State Hospital, Hale Mohalu, Kalaupapa Settlement, and to community-based patients at four O'ahu regional health centers. As the provider of last resort, indigent, severely developmentally disabled, severely persistent mentally ill, frail elderly, and the medically compromised such as HIV and hepatitis positive persons are provided basic dental services.
- Health care workers in State institutions are provided training in oral health hygiene and maintenance for persons with disabilities.
- 4. Public school children in selected grades are given the opportunity to receive oral health screening exams. Topical fluoride applications and weekly fluoride mouth rinses are provided in order to reduce the incidence and severity of dental disease. Classroom presentations on oral health are available and assistance is provided to teachers in providing classroom training on dental health. The general public is provided with general information on dental health and preventive programs leading to improved oral hygiene and health.
- Program staff regularly serve as dental program management and facility design consultants to non-profit community health centers.

D. Statement of Key Policies Pursued

- The program strives to assure access to basic dental treatment to State institution-based patients and indigent, community-based severely disabled persons.
- The program promotes and implements highly effective dental disease prevention programs. It also provides curriculum development assistance on topics related to oral health to teachers and other community agencies.
- The program conducts clinical and epidemiological investigations and demonstrations relating to the prevalence, cause, diagnosis, treatment and prevention of dental diseases.
- 4. The program provides consultation and technical assistance on oral health, clinical issues, and facility design and management to Hawai`i's primary care community health centers and Native Hawaiian Health System centers.
- 5. The program monitors and evaluates the impact of managed care and medical assistance policies on access to care and delivery of dental services.

E. Identification of Important Program Relationships

- The Division serves in a consultative and technical assistance role to Departments of Health (Hawai'i State Hospital, Women, Infant and Children Program - WIC), Education, Human Services, Public Safety, University of Hawai'i, Commerce and Consumer Affairs, The Queen's Medical Center, Hawai'i Medical Association, Hawai'i Primary Care Association, Hawai'i Dental Association, Hawai'i Dental Education Center, University of Hawai'i Affiliated Medical Residency Programs, Head Start Associations, Association of Retarded Citizens, Hawai'i state and regional Maternal and Child Health agencies, Special Olympics, Centers for Disease Control and Pacific Rim Health Departments.
- 2. These and many other agencies that have an important affiliation with the Dental Health Division programs.
- Access to care is limited for persons with severe disabilities Statewide. As the provider of last resort, the Division is the only accessible provider of basic dental care to the indigent

severely developmentally disabled, mentally ill, medically compromised frail elderly and homeless.

Certification of State long-term care facilities requires annual dental health evaluations
and timely treatment of dental problems. The program works with public facilities to
assure those service needs are met.

F. Description of Major External Trends Affecting the Program

- Hawai'i continues to exhibit an early childhood tooth decay rate which may be among the highest in the nation.
- Limited access to basic dental care exits Statewide, particularly for the uninsured indigent, severely developmentally disabled, mentally ill, medically compromised, frail elderly, and homeless.
- Demands for accessible basic dental services are increasing as Hawai'i's uninsured and low income populations grow as a result of changes in State and federal public assistance policies.
- 4. As the only public health dental program in Hawai'i, the Division is increasingly relied upon as dental program and design consultants and for its oversight of clinical care issues impacting the community.

G. Discussion of Cost, Effectiveness, and Program Size Data

The Dental Health Division provides the only dental public health program Statewide and has proven to be effective and efficient as Hawai'i's lead agency in dealing with dental health issues. The division's staff is comprised of 7 dentists, 11 dental hygienists, 6 dental assistants, and 1 secretary. The program currently annually operates out of more than 200 schools, 4 community-based and 2 institution-based dental clinics. Division programs continually evaluate the needs of the community and make adjustments to program activities in an endeavor to meet these needs.

H. Discussion of Program Revenue

Program revenues include collection of fees from Medicaid, other third party payers and nominal cash payments for dental treatment from clients.

I. Summary of Analysis Performed

None.

J. Further Considerations

None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH730

PROGRAM STRUCTURE NO. 050103

PROGRAM TITLE:

EMERGENCY MEDICAL SVCS & INJURY PREV SYS

		IN DOLL	ARS		IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13		
OPERATING COST	17.00*	17.00*	19.00*	19.00*	19.0*	19.0*	19.0*	19.0*		
PERSONAL SERVICES	1,241,735	1,333,298	1,352,691	1,352,691	1,353	1,353	1,353	1,353		
OTHER CURRENT EXPENSES	49,369,789	57,145,397	60,326,097	59,929,381	59,929	59,929	59,929	59,929		
EQUIPMENT	217,368	217,368	217,368	217,368	217	217	217	217		
TOTAL OPERATING COST	50,828,892	58,696,063	61,896,156	61,499,440	61,499	61,499	61,499	61,499		
				ľ						
BY MEANS OF FINANCING										
	14.00*	14.00*	16.00*	16.00*	16.0*	16.0*	16.0*	16.0*		
GENERAL FUND	42,104,770	50,788,283	56,333,976	55,937,260	55,937	55,937	55,937	55,937		
SPECIAL FUND	5,230,000	4,293,658	4,293,658	4,293,658	4,293	4,293	4,293	4,293		
	3.00*	3.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0*		
OTHER FED. FUNDS	3,494,122	3,614,122	1,268,522	1,268,522	1,269	1,269	1,269	1,269		
TOTAL POSITIONS	17.00*	17.00*	19.00*	19.00*	19.00*	10.00#	10.000	10.00-		
TOTAL PROGRAM COST	50,828,892	58,696,063	61,896,156	61,499,440	61.499	19.00*	19.00*	19.00*		
TOTAL TROUBLE GOOT	=======================================	=========	==========	=======================================	01,477	61,499 =======	61,499 ======	61,499 ======		

STATE OF HAWAII

REPORT P62

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH730
50103
EMERGENCY MEDICAL SERVICES AND INJURY PREVENTION SYSTEM

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS								
 % RESPONSES MEETING RESPONSE TIME STD - OAHU (%) % RESPONSES MEETING RESPONSE TIME STD - KAUAI (%) % RESPONSES MEETING RESPONSE TIME STD - HAWAII (%) % RESPONSES MEETING RESPONSE TIME STD - MAUI (%) % INCR IN COMM COAL/PARTN INITIATD & SPPT INJ PREV % INCR IN NO. OF PERSONS TRAINED IN INJ PREVENTION PERCENT OF AGE-APPROPRIATE SEAT USE STATEWIDE 	12 10	90 90 90 90 12 10 85	90 90 90 90 12 10 85	90 90 90 90 12 10 85	90 90 90 90 12 10 85	90 90 90 90 12 10 85	90 90 90 90 12 10 85	90 90 90 90 12 10 85
PROGRAM TARGET GROUPS 1. GENERAL DE FACTO POPULATION (THOUSANDS) 2. NUMBER OF HIGH RISK CARDIAC CASES 3. NUMBER OF HIGH RISK TRAUMA CASES 4. NUMBER OF HIGH RISK PEDIATRIC PATIENTS 5. NUMBER OF CARDIOPULMONARY ARREST CASES 6. NO. OF LICENSED GROUND AMBULANCE SERVICE PROVIDERS 7. NO. OF LICENSED AIR AMBULANCE SERVICE PROVIDERS 8. NO. OF YOUTHS UNDER 24 AND SENIORS 65 YRS & OLDER	1275 5511 6200 1241 1303 5	1275 5511 6200 1241 1303 5 4 602422	1275 5511 6200 1241 1303 5 4 602422	1275 5511 6200 1241 1303 5 4 602422	1275 5511 6200 1241 1303 5 4 602422	1275 5511 6200 1241 1303 5 4 602422	1275 5511 6200 1241 1303 5 4 602422	1275 5511 6200 1241 1303 5 4
PROGRAM ACTIVITIES 1. ADM & ENFORCNG STATE EMS RULES & REGS (STAFF-DAYS) 2. ADM/MAINT EMS COMM SYSTEM (% TIME SYSTM OPERATNL) 3. ADM/MAINT EMS/INJ PREV DATA COLL/EVAL (STAFF-DAYS) 4. NUMBER OF RESPONSES TO EMERGENCY AMBULANCE CALLS 5. NO. OF PATIENTS BILLED FOR EMERGENCY AMBULANCE SVC 6. PERCENTAGE OF AMBULANCE SERVICE REVENUES COLLECTED 7. ADM/MAINT EMS QUAL ASSUR & QUAL IMPRV PRG (ST-DYS) 8. ADM/MAINT STATE HTH EMG PREP PLAN/EXR PARTC (ST-D) 9. NO. TRAINED IN SUICIDE/FALLS/DRWNG PREV & SAFR ENV 10. # COMM COAL/TSKFRC/PRTNRSHP INIT/SUPPT IN INJ PREV	318 178 73544 62500 72 215 260	318 100 178 76561 68802 75 215 260 300 12	221 100 520 80478 55178 75 312 260 300	221 100 520 80478 55178 75 312 260 300	221 100 520 80478 55178 75 312 260 300 12	221 100 520 80478 55178 75 312 260 300	221 100 520 80478 55178 75 312 260 300 12	221 100 520 80478 55178 75 312 260 300
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) TAXES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	4,595 171 2,961 34,833 641 43,201	5,031 2,928 34,833 679 43,471	5,031 328 34,833 679 40,871	5,031 328 34,833 679 40,871	5,030 328 34,833 678 40,869	5,030 328 34,833 678 40,869	5,030 328 34,833 678 40,869	5,030 328 34,833 678 40,869
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	34,833 7,727 641 43,201	34,833 7,959 679 43,471	34,833 5,359 679 40,871	34,833 5,359 679 40,871	34,833 5,358 678 40,869	34,833 5,358 678 40,869	34,833 5,358 678 40,869	34,833 5,358 678 40,869

A. Statement of Program Objectives

To minimize death, injury, and disability due to life threatening situations by assuring the availability of high quality emergency medical care through the development of a system capable of providing coordinated emergency medical care and injury prevention services.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

- Funds for Emergency Medical Services (EMS) emergency ambulance service contracts. The funds requested are to meet additional funding requirements because of operation increases for contracting agencies providing emergency ambulance service on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai (0.00/2,135,777 A; 0.00/1,809,130 A).
- Funds for Emergency Medical Services (EMS) 911 dispatch service contracts.
 The funds requested are to meet additional funding requirements because of
 operation increases for contracting agencies providing 911 EMS dispatch
 service on the islands of Kauai, Maui, Molokai, and Lanai (0.00/79,102 A;
 0.00/92,468 A).
- Funds for Emergency Medical Services (EMS) billing service contract. The funds requested are to meet additional funding requirements because of operation increases for contracted billing service to collect fees for emergency ambulance service on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai (0.00/240.073 A: 0.00/294.638 A).
- Funds for Emergency Medical Services (EMS) Hawaii EMS Information System (HEMSIS) maintenance. The funds requested are to meet funding requirements to maintain the EMS ambulance report form electronic record system a.k.a. HEMSIS on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai (0.00/335.328 A: 0.00/335.328 A).
- Funds for Emergency Medical Services (EMS) Medical Communications (MEDICOM) System maintenance. The funds requested are to meet additional funding requirements because of operation increases for contracting agencies providing statewide maintenance services for the MEDICOM system to relocate the MEDICOM systems on the islands of Oahu, Kauai, and Maui from old microwave systems and towers to new microwave systems and towers (0.00/1,783,000 A; 0.00/1,645,000 A).
- Transfer-in funds from HTH 495/HB for Emergency Medical Services (EMS) and Injury Prevention Suicide Prevention Coordinator – Program Specialist IV

- (# 117280) and convert position from temporary to permanent (1.00/31,868 A; 1.00/31.868 A).
- Funds for Emergency Medical Services (EMS) Poison Information Services contract. The funds requested are to meet additional funding requirements because of operation increases for contracted agencies providing statewide access for the public and healthcare professionals to poison information services twenty-four hours per day seven days per week (0.00/54,199 A; 0.00/54,199 A).
- Transfer-out HRSA National Bioterrorism Hospital Preparedness Program grant from Emergency Medical Services (EMS) to the Disease Outbreak Control Division (HTH 131/DJ) (0.00/-2,345,600 N; 0.00/-2,345,600 N).
- Transfer-in Violence Prevention Planner IV (#45922) from HTH 560/Cl to HTH 730/MT (1.00/40,447 A; 1.00/40,447 A).
- Funds for Emergency Medical Services (EMS) aeromedical transportation services on the island of Oahu. The funds requested are to meet funding requirements to maintain the aeromedical transportation services on Oahu (0.00/800,000 A; 0.00/800,000 A).

C. Description of Activities Performed

Program activities include ambulance services, establishment of pre-hospital care standards and protocols, maintenance of a medical communication system, licensure of all ambulances, quality improvement/assurance, data collection and analysis, billing and collection of fees for emergency ambulance services, assurance of an adequate number of appropriately trained emergency medical personnel and other support services to maintain quality pre-hospital medical care throughout communities statewide. Also provides a comprehensive array of injury prevention and control programs that include, but are not limited to motor vehicle safety, pedestrian safety, violence and suicide prevention using a spectrum of strategies working through established partnerships and coalitions in communities statewide.

D. Statement of Key Policies Pursued

The Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) services primarily address departmental policies and program priorities to maintain and protect health and serve the emergency health needs of the people of the State.

E. Identification of Important Program Relationships

The EMSIPSB coordinates with and draws resources as appropriate from Federal, State, County and private public safety agencies, health care providers, educators, businesses and consumers.

F. Description of Major External Trends Affecting the Program

The number of calls for 911 Emergency Medical Services has grown each year. Calls for 911 service increased 16% in 2005 compared to 2003 and transports increased 15% during the same time period. These increases were experienced in each of the counties. New developments in pre-hospital care are constantly being introduced and must be evaluated for possible implementation. The need to maintain the standard of care with new technology and medications can lead to increased cost of operations.

Recent technology and software has allowed the implementation of electronic data collection and management systems that have been planned and anticipated to provide great value. EMSIPSB anticipated the ability these systems have to produce information in far less time could lead to improvement in patient care, quality assurance and efficient operations. The Hawaii Emergency Medical Services Information System (HEMSIS) is expected to be implemented statewide in the coming year. EMSIPSB is responsible to see that patients transported by the 911 ambulance system are billed a fee for service. The implementation of HEMSIS is expected to enhance efficient billing and collection of ambulance service fees. HEMSIS will also address security of protected health information to comply with HIPPA federal requirements.

The statewide EMS communication system (MEDICOM) is a UHF/VHF microwave system that will be obsolete in the near future. The reliability of this system, needed to provide dispatch services and radio communication with physicians at hospital emergency departments for assistance in medical care at the scene and in transport to the hospital, is of concern. The existing County police 800 MHz trunk systems do not currently meet EMS operational needs. EMSIPSB participates with other state agencies led by the Department of Accounting and General Services in developing plans for a new inter-operable communications system for the state.

The issue of adequate air ambulance transport services to Honolulu has been a critical issue for the neighbor island hospitals. This year a second fixed wing air ambulance service was licensed by the Department and response times for air ambulance requests on the neighbor islands have improved.

Helicopter aeromedical services that can take patients from the scene of an injury or medical emergency are currently available in all Counties except Kauai. Hawaii County operates a 911 helicopter aeromedical service but FAA regulation for this helicopter does not allow flight over water. Maui County's 911 helicopter began operations in September 2004 and can fly over water transporting patients from Maui to Honolulu and also from Molokai and Lanai to either Maui or Honolulu. On Oahu, the Army ceased its program of military assistance to civilians when its Medevac Unit was deployed overseas. In April of this year the Hawaii Army National Guard began providing helicopter medevac services on Oahu. This service is an interim arrangement and a long term solution for Oahu aeromedical services is still being developed.

Injury (trauma) is the leading cause of early disability and productive years of life lost costing Hawaii many lives and millions of dollars each year. It is increasingly recognized as the neglected disease of modern society. A trauma system built on a public health approach can mitigate the toll that injuries take on society every day. The public health approach incorporates a comprehensive, coordinated array of services from injury prevention to pre-hospital, hospital and rehabilitative care delivery for injured persons. Recent activity in the legislature and community indicates that EMSIPSB is being looked to for planning and development of a comprehensive statewide trauma system for Hawaii.

Hawaii and the nation are in the grips of a silent and growing epidemic highlighted by the Surgeon General in the 2001 publication "National Strategy for Suicide Prevention: Goals and Objectives for Action". Suicide, the leading cause of injury death in Hawaii, exacts an enormous toll from Hawaii's people. Hawaii loses an average of 128 lives to this tragedy each year, and another 1,152 are hospitalized after attempting to take their own lives. The devastating trauma, loss and suffering are multiplied in the lives of family members and friends. Only recently, however, have the knowledge and tools become available to approach suicide as a preventable public health problem with realistic opportunities to save many lives.

Increasing attention has also been directed at dealing with violence as a public health problem. What public health has done to foster prevention of other health

problems, including other injury problems, can be applied to the problem of violence. A public health approach to violence is one that identifies risks and protective factors, evaluates intervention programs, and intervenes at the levels that can be most effective in preventing violence before it starts or further violence.

Injuries due to falls are a significant barrier to healthy aging and a major public health problem. Among Hawaii seniors, age 65 or older, falls are the leading cause of fatal injuries and injury-related hospitalizations. In 2002 alone, there were 2,700 hospitalizations for falls among Hawaii seniors, with hospital charges averaging \$30 million a year. Falls are also a significant threat to the independence and quality of life of older adults. Among Hawaii seniors who were hospitalized due to a fall in 2002, 34% were discharged to nursing facilities for additional care, and another 8% to a rehabilitation facility. During the past decade, the state's population of people 65 or older increased by almost 20%, and greater increases are expected during the next 20 years making this group an important one for targeted injury prevention programs.

G. Discussion of Cost, Effectiveness, and Program Size Data

Ambulance response time measures are always variable due to the number of responses within each geographic area, especially rural areas. The volume of calls experienced effects response times. Units with low utilization have more consistent response times while units that are heavily utilized may not meet target response times when calls come in close together. The response times are in line with program targets with the exception of some times that exceed standards due to increased call volume on the island of Oahu. The program will be better able to monitor response times with full implementation of the HEMSIS system. The increasing call volume experienced in each county and actual number of highrisk cases and their outcomes will be monitored to assure maintenance of system effectiveness.

H. Discussion of Program Revenue

§321-232 authorizes the department of health to establish reasonable fees for services rendered to the public; provided that such revenues collected are deposited into the state general fund. In FY 2006 the department deposited \$34,833,092.64 into the state general fund.

§321-234 authorizes the emergency medical services special fund to be used by the department for operating a state comprehensive emergency medical services system. The revenue is generated from a \$5 user fee from motor vehicle registration (§249-31). In FY 2006 the department deposited \$4,766,794 into the EMS special fund. In addition, ACT 316, SLH 2006 provides that moneys collected under the tax imposed pursuant to Section 245-3 (a), Hawaii Revised Statues that represents the difference between the 7.0 cents for each cigarette sold...shall be deposited to the credit of the emergency medical services special fund. From September 30, 2007 through September 29, 2009, \$.0025 will be deposited for each cigarette sold; From September 30, 2010, \$.01 will be deposited for each cigarette sold; From September 30, 2011 and thereafter \$.0125 will be deposited for each cigarette sold. The Department of Taxation estimated that each \$.01 would represent \$9.8 million in collection for a 12-month period.

ACT 305, SLH 2006 establishes the trauma system special fund to be administered by the Department of Health. ACT 316, SLH 2006 provides that moneys collected under the tax imposed pursuant to Section 245-3 (a), Hawaii Revised Statues that represents the difference between the 7.0 cents for each cigarette sold...shall be deposited to the credit of the trauma system special fund. From September 30, 2007 \$.0025 will be deposited for each cigarette sold; From September 30, 2008 \$.005 will be deposited for each cigarette sold; From September 30, 2009 \$.00750 will be deposited for each cigarette sold; From September 30, 2010 \$.01 will be deposited for each cigarette sold; From September 30, 2011 and thereafter \$.015 will be deposited for each cigarette sold. The Department of Taxation estimated that each \$.01 would represent \$9.8 million in collection for a 12-month period.

- I. Summary of Analysis Performed -- None.
- J. Further Considerations -- None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH501

PROGRAM STRUCTURE NO. 050104

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES

		TN DOLL	ARS	!_	IN THOUSANDS			
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	233.75*	238.75*	241.75*	241.75*	241.8*	241.8*	241.8*	241.8*
PERSONAL SERVICES	10,417,819	10,506,177	11.415.879	11,415,879	11,416	11,416	11,416	11,416
OTHER CURRENT EXPENSES			116,352,317	122,748,970	122,750	122,750	122,750	122,750
EQUIPMENT	,,	21,300	21,300	21,300	21	21	21	21
TOTAL OPERATING COST	49,900,749	108,447,185	127,789,496	134,186,149	134,187	134,187	134,187	134,187
	m m m m m m m m m m m m							
BY MEANS OF FINANCING	230.75*	235.75*	238.75*	238.75*	238.8*	238.8*	238.8*	238.8*
		235.75* 55,878,587		69,361,412	69,363	69,363	69,363	69,363
GENERAL FUND	48,692,087	3.00*	3.00*	3,00*	3.0*	3.0*	3.0*	3.0*
ADDATAL CIND	3.00*		1,025,331	1,025,331	1,025	1,025	1,025	1,025
SPECIAL FUND	1,008,662	1,008,662	1,025,331	1,029,331	1,025	1,025	1,025	1,025
OTHER FED. FUNDS INTERDEPT. TRANSFER	200,000	51,559,936	60,118,132	63,799,406	63,799	63,799	63,799	63,799
CAPITAL IMPROVEMENT COSTS				! ! !				
DESIGN		125,000						
CONSTRUCTION		687,000	688,000			****	West 1864 1864 1865 1865 1865 1865 1865	
TOTAL CAPITAL EXPENDITURES		812,000	688,000	1 1 1	****			
		======================================			<u> </u>	ALT COST AND ADDRESS AND ADDRE	and the same area and the same area	and the said the said and the said
BY MEANS OF FINANCING		010 000	(22,000	! !				
G.O. BONDS		812,000	688,000					
TOTAL POSITIONS	233.75*	238.75*	241.75*	241.75*	241.80*	241.80*	241.80*	241.80*
TOTAL PROGRAM COST	49,900,749	109,259,185	128,477,496	134,186,149	134,187	134,187	134,187	134,187
				=======================================	####	========	******	

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH501
PROGRAM STRUCTURE: D50104
PROGRAM TITLE: DEVELOPMENTAL DISABILITIES

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % OF PERSONS RECEIVING DEVLPMNTL DISABILITIES SVCS 2. NO. PERSONS W/DD REMAING IN INSTIT (SMALL ICF/MR) 3. NO. ADULTS CHOOSING THEIR OWN LIVING ARRANGEMENTS 4. NO. OF PERSONS WITH DEV DISAB IN PAID EMPLOYMENT	30	32	33	33	34	34	35	35
	79	67	68	70	71	71	73	74
	116	120	122	125	127	127	130	132
	148	162	1 6 5	169	172	172	175	179
PROGRAM TARGET GROUPS 1. NUMBER OF PERSONS IN NEED OF DD SERVICES 2. NUMBER OF PEOPLE IN NEED OF NEUROTRAUMA SERVICES	11181	11181	11181	11181	11181	11181	11181	11181
	4000	4000	4000	4000	4000	4000	4000	4000
PROGRAM ACTIVITIES 1. NO. OF UNDUPLICATED INDIV RECVG COMMUNITY SUPPORTS 2. NUMBER OF PERSONS APPLYING FOR MR/DD ELIGIBILITY 3. NO. OF PERSONS RECEIVING HCBS-DD/MR WAIVER 4. NO. RESIDENTIAL CAREGIVERS CERTIFIED/RECERTIFIED 5. # FAMILY MEMBRS/CAREGIVRS/PROVDRS/ INDV/STAFF TRND 6. NUMBER OF ADULTS LIVING IN THEIR OWN HOME 7. NO. OF PERSONS W/DEV DISABILITIES EARNING INCOME 8. # ADVRS EVNT REPTS RECVD RE AB/NEGL,INJUR,HTH CONC 9. NO. OF PERSONS RECEIVING CASE MANAGEMENT SERVICES	3360 2363 665 1882 116 158 769 3360	3399 300 2524 700 2025 117 173 810 3399	3467 306 2574 714 2066 119 176 770 3467	3536 312 2626 728 2107 122 180 754 3536	3607 318 2678 743 2149 124 184 739 3607	3607 318 2678 743 2149 124 184 739 3607	3679 325 2732 758 2192 127 187 724 3679	3753 331 2787 773 2236 129 191 710 3753
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	310 1,107 1,417	100 1,339 1,439	1,339 1,339	1,330 1,330	1,330 1,330	1,330 1,330	1,330 1,330	1,330 1,330
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS TOTAL PROGRAM REVENUES	512	330	330	330	330	330	330	330
	905	1,109	1,009	1,000	1,000	1,000	1,000	1,000
	1,417	1,439	1,339	1,330	1,330	1,330	1,330	1,330

A. Statement of Program Objectives

To support individuals with developmental disabilities, mental retardation, and/or neurotrauma to live a healthy, meaningful, productive and safe life in the community through the development, administration, provision, and monitoring of a comprehensive system of appropriate support services.

B. <u>Description of Request and Compliance with Section 37-68 (1)(A)(B)</u> The budget includes the following requests:

1.	Increase general funds for Title XIX for Home and Community Based Services program and increase U fund ceiling	<u>FY 2008</u> 8,764,412 A 8,558,196 U	<u>FY 2009</u> 11,479,791 A 12,239,470 U
2.	Convert temporary positions to permanent (2)Case Managers and (1) Social Service Asst	3.00 0 A	3.00 0 A
3.	Funds for DD Domiciliary home subsidy	1,200,000 A	1,200,000 A

C. Description of Activities Performed

1. Planning and Acquisition of Community Support Services to Individuals with DD/MR Plan, develop, and implement acquired community support services for the developmentally and intellectually disabled population (DD/ID) using the State's prescribed contracted methodology or through the State's Medicaid Agency for DD/MR Home & Community-Based Services. These services reflect the concept of self-determination and address the supports necessary to allow these individuals to live within and integrate in the community of their choice.

Planning activities includes scanning the national scene for information and trends on the delivery of supports for our target population. Assessing current program operations and resources for "best practices" models to determine critical areas for invention, reassessment and remodeling to provide the best possible support system. Working with Administrators and program staff to achieve the changes needed.

2. Monitoring and Quality Assurance of Community Support Services to Individuals with DD/MR

Monitoring and quality assurance activities of these purchased support services and individual's progress are done through various sections and units within the Division:

- o Case Management Section (periodically monitoring of participants within our program assuring individual is satisfied with place of residence and work, checking on physical conditions, social and direct care activities). Offering assistance to facilitate a change if needed, when individual is unhappy with any of the above conditions.
- Contracts & Resource Development (monitoring of provider agencies that provide support services to DD/MR individuals living within the community).
- Disability Support Branch whose primary activities involve Division's overall Quality Assurance (NCI project, DD Complaints Office, Certification & Licensure of Adult Foster Homes and Care givers).

3. Administrative Supports

Management of programs overall fiscal and administrative supports. As of July 2005 the program assumed part of the Medicaid claims processing system working with the Department of Human Services (DHS) and Department of Accounting & General Services (DAGS) to maintain timely payments to agency providers. It also created a need for the creation of the U-fund account.

D. Statement of Key Policies Pursued

The program continues to provide a fair, objective and cost effective approach to community supports to the developmentally and intellectually disabled population (DD/ID) based on HRS 333F. The program collaborates with the Developmental Disabilities Council, the Center for Disability Studies through the University of Hawaii, other state agencies and stakeholders on critical issues pertaining to life supports that would enrich the quality of life to the developmentally and intellectually disabled individual that is sensitive to the ideals of self-determination while balancing policies and oversight of federal and state government. The program also continues to explore maximization of state dollars with continued monitoring of national trends and initiatives coming out from the Center for Medicaid/Medicare Services (CMS).

E. Identification of Important Program Relationships

1. Intradepartmental

With the complexity of this population the program works with both Adult Mental Health and Child & Adolescent Mental Health Division to address the complex nature of the developmentally and intellectually disabled individuals and their needs to allow the individual to live in the least restrictive setting without injury to self and others.

2. Interagency

The onset of the DD/MR Home & Community-Based Waivered Services which involves 75% of the overall funds being utilized in purchasing of support services

HTH 501: DEVELOPMENTAL DISABILITIES

closely links the Department of Health-DDD with the Department of Human Services –SSD programs in the administering of the Medicaid services. It influences organizational policies and procedures and organizational segments.

F. <u>Description of Major External Trends Affecting the Program</u>

As mentioned above the federal trends that are impacting Medicaid on the national level are also influencing how state programs that participate in the affected program organizes itself and develops policies and procedures. As it begins to develop its reorganization, like other agencies that have a Medicaid program, DDD needs to consider the changes occurring in Medicaid in the area of quality assurance where they are beginning to look at measures that not only test quality of care but the effectiveness of the services being provided. CMS is also paying states for creating innovative approaches to the challenge of providing support services while holding to the ideas of self-determination (client choice), accountability, and cost effectiveness, while being effective and improving the quality of life for these individuals without being intrusive. This will require better use of information technology to assist with the management and oversight of the funds and utilization analysis.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

Funding and settlement agreement has increased the program budget over the past 4 years to assure timely admission of eligible DD/MR individuals to prove to the legal entities the State's intention to adhere to the terms of the settlement agreement. But to efficiently and effectively monitor and account for the individuals and to cost for these supports also impacts the internal operational needs both organizationally and on resources to carefully manage this growth. The federal Center for Medicare/Medicaid Services (CMS) is not only looking at funds spent but the quality of the supports provided and whether the individual is actually living a better, healthier life. CMS is also requiring programs that they fund to implement measures to monitor quality. Therefore the program has had to take a hard look at itself and is in the process of reorganizing to develop into an organization that is able to meet the demands being imposed and this new organization is trying to address effectiveness, cost, and relevant productivity.

H. <u>Discussion of Program Revenue</u>

Program revenues are generated by Medicaid claims submitted for its Targeted Case Management services. The receipts from these activities are deposited into the State

Treasury as the salaries for the case management staff are already provided as part of the programs operating budget.

For the Neurotrauma population revenues are generated from fines collected from traffic violations collected. Depending on the violation a portion of the fine as defined by law is deposited into Court accounts and transferred into the Neurotrauma special fund. This fund is used for educational and information activities. Recently, there has been legislation to budget for Medicaid Waiver Services for this population.

I. Summary of Analysis Performed

Not Applicable.

J. Further Considerations

None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH560

PROGRAM STRUCTURE NO. 050105

PROGRAM TITLE:

FAMILY HEALTH

	IN DOLL	ARS	IN THOUSANDS				
FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
344.25*	346.25*	361.25*	361.25*	361.3*	361.3*	361.3*	361.3*
16,754,132	18,009,983	18,282,176	18,359,864	18,359	18,359	18,359	18,359
63,602,740	63,589,141	73,821,894	73,803,794	73,804	73,804	73,804	73,804
10,500	9,500	48,000	9,500	10	10	10	10
80,367,372	81,608,624	92,152,070	92,173,158	92,173	92,173	92,173	92,173
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			1				
152.75*	151.7 5 *	164.75*	164.75*	164.8*	164.8*		164.8*
32,461,099	33,058,312	42,014,449	42,035,537	42,034	42,034	42,034	42,034
5.00*	5.00*	7.00*	7.00*	7.0*	7.0*	7.0*	7.0*
3,642,874	6,735,006	7,110,659	7,110,659	7,111	7,111	7,111	7,111
185.50*	188.50*	188.50*	188.50*	188.5*	188.5*	188.5*	188.5*
43,763,399	41,048,244	41,946,810	41,946,810	41,947	41,947	41,947	41,947
1.00*	1.00*	1.00*	1.00*	1.0*	1.0*	1.0*	1.0*
500,000	767,062	1,080,152	1,080,152	1,081	1,081	1,081	1,081
344.25*	346.25*	361.25*	361.25*	361.30*	361.30*	361.30*	361.30*
80,367,372	81,608,624	92,152,070	92,173,158	92,173	92,173	92,173	92,173
	FY2005-06 344.25* 16,754,132 63,602,740 10,500 80,367,372 152.75* 32,461,099 5.00* 3,642,874 185.50* 43,763,399 1.00* 500,000	FY2005-06 FY2006-07 344.25* 346.25* 16,754,132 18,009,983 63,602,740 63,589,141 10,500 9,500 80,367,372 81,608,624	FY2005-06 FY2006-07 FY2007-08 344.25* 346.25* 361.25* 16,754,132 18,009,983 18,282,176 63,602,740 63,589,141 73,821,894 10,500 9,500 48,000 80,367,372 81,608,624 92,152,070	FY2005-06 FY2006-07 FY2007-08 FY2008-09 344.25* 346.25* 361.25* 361.25* 16,754,132 18,009,983 18,282,176 18,359,864 63,602,740 63,589,141 73,821,894 73,803,794 10,500 9,500 48,000 9,500 80,367,372 81,608,624 92,152,070 92,173,158	FY2005-06 FY2006-07 FY2007-08 FY2008-09 FY2009-10 344.25* 346.25* 361.25* 361.25* 361.3* 16,754,132 18,009,983 18,282,176 18,359,864 18,359 63,602,740 63,589,141 73,821,894 73,803,794 73,804 10,500 9,500 48,000 9,500 10 80,367,372 81,608,624 92,152,070 92,173,158 92,173	FY2005-06 FY2006-07 FY2007-08 FY2008-09 FY2009-10 FY2010-11 344.25* 346.25* 361.25* 361.25* 361.3* 361.3* 16,754,132 18,009,983 18,282,176 18,359,864 18,359 18,359 63,602,740 63,589,141 73,821,894 73,803,794 73,804 73,804 10,500 9,500 48,000 9,500 10 10 80,367,372 81,608,624 92,152,070 92,173,158 92,173 92,173 152.75* 151.75* 164.75* 164.75* 164.8* 164.8* 32,461,099 33,058,312 42,014,449 42,035,537 42,034 42,034 5.00* 5.00* 7.00* 7.00* 7.0* 7.0* 7.0* 3,642,874 6,735,006 7,110,659 7,110,659 7,111 7,111 185.50* 188.50* 188.50* 188.5* 43,763,399 41,048,244 41,946,810 41,947 41,947 1.0* 1.0* 1.0* 1.0*	FY2005-06 FY2006-07 FY2007-08 FY2008-09 FY2009-10 FY2010-11 FY2011-12 344.25* 346.25* 361.25* 361.25* 361.3* 361.3* 361.3* 16,754,132 18,009,983 18,282,176 18,359,864 18,359 18,359 18,359 63,602,740 63,589,141 73,821,894 73,803,794 73,804 73,804 73,804 10,500 9,500 48,000 9,500 10 10 10 80,367,372 81,608,624 92,152,070 92,173,158 92,173 92,173 92,173 32,461,099 33,058,312 42,014,449 42,035,537 42,034 42,034 42,034 5.00* 5.00* 7.00* 7.00* 7.0* 7.0* 7.0* 7.0* 3,642,874 6,735,006 7,110,659 7,110,659 7,111 7,111 7,111 1,111 185.50* 188.50* 188.50* 188.5* 188.5* 188.5* 43,763,399 41,048,244 <td< td=""></td<>

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH560
PROGRAM STRUCTURE: 050105
PROGRAM TITLE: FAMILY HEALTH

	FY							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS								
1. DEGREE DIV PERFORMS 10 ESSENT PUB HTH FUNCT (0-30) 2. % UNINSURED IND REC SUBSIDIZED PRIMARY CARE - POS 3. % CHILDREN (0-21) W/SP HTH CARE NEEDS W/MEDICAL HM 4. RATE OF BIRTH DEFECTS (PER 10,000 LIVE BIRTHS) 5. % ID OVRWGT WIC WMN & CHILD >2 YRS REC COUNSELING 6. % OF WIC WOMEN WHO INITIATE BREASTFEEDING 7. % VERY LOW BIRTHWGT INF BORN IN SUB MCHB POS PROG 8. % IND REC FAM PL VIOLENCE SEX ASSAULT PRE ED - POS 9. % CHILD 0-3 DEV DELAY BIO/ENV RISK EI SERV @ IFSP 10. % POS AT-RISK FAMILIES SERV NO REP CHILD ABUSE/NEG	20	21	22	23	24	25	26	27
	25	25	25	25	25	25	25	25
	48	48	48	48	48	48	48	48
	470	500	500	500	500	500	500	500
	100	100	100	100	100	100	100	100
	85	85	85	85	85	85	85	85
	88	88.5	89	89.5	90	90	90	90
	84	84	84	84	84	84	84	84
	7.8	8	8	8	8	8	8	8
PROGRAM TARGET GROUPS 1. FHSD STAFF, WMN, CHILDRN, ADOLES & FAMILIES IN HI 2. # OF UNINSURED INDIVIDUALS 3. # CSHN 0-21 CHRONIC COND REQ HTH SVCS BYND MOST 4. # OF LIVE BIRTHS 5. # WIC ELIGIBLE CHILDREN UP TO 5 YEARS OF AGE 6. # WIC ELIGIBLE PREGNANT AND POST-PARTUM WOMEN 7. # PREG WMN SUBSIDIZED MCHB POS CONTRACT LIVE BIRTH 8. # OF REPRODUCTIVE WOMEN 9. # CHILDREN AGE 0-3 DEV DELAYS, BIO/ENV AT RISK 10. # CHILDREN 0-4 YEARS OF AGE IDENTIFIED AS AT RISK	700000	700000	700000	700000	700000	700000	700000	70000
	64440	64440	64440	64440	644440	64440	64440	64440
	32000	32000	32000	32000	32000	32000	32000	32000
	17918	18000	18000	18000	18000	18000	18000	18000
	27000	28000	28000	28000	28000	28000	28000	28000
	9000	11000	11000	11000	11000	11000	11000	11000
	1254	1260	1260	1260	1260	1260	1260	1260
	28000	28000	28000	28000	28000	28000	28000	28000
	3948	4000	4000	4000	4000	4000	4000	4000
	100000	100000	100000	100000	100000	100000	100000	100000
PROGRAM ACTIVITIES 1. # ASSESS, ASSUR, POL DEV & EVAL PERF IND W/O HC 2. # IND REC DOH SUB FAM PLAN, PERINATAL SERV - POS 3. # CSHN 0-21 PROV INACCESSIBLE SERV (SAFETY NET) 4. # INFANTS W/METABOLIC DISORDERS NEWBORN SCREENING 5. # NUTRIT ED CONTACTS/COUNSEL SESS WIC OVERWEIGHT 6. # PRENATAL/POSTPARTUM BRSTFDING INFO TO WIC WOMEN 7. # PREG WMN REC PERINATAL SUPPORT THRU MCHB POS 8. # IND REC FAM PL VIOLENCE SEX ASSULT PREV ED - PO 9. # CHILDREN AGE 0-3 DEV DELAYS PROV EARLY INTERVENT 10. # IND REC ERLY CHLDHD PARENT ED/FAM SS POS CONTRAC	5	5	5	6	6	6	7	7
	17380	17575	17500	17500	17500	17500	17500	17500
	1350	1350	1350	1350	1350	1350	1350	1350
	590	590	590	590	590	590	590	590
	13700	16500	16500	16500	16500	16500	16500	16500
	4900	4900	4900	4900	4900	4900	4900	4900
	1075	1075	1000	1000	1000	1000	1000	1000
	4500	4500	4500	4500	4500	4500	4500	4500
	1700	2000	2000	2000	2000	2000	2000	2000
	300	300	300	300	300	300	300	300
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	312	292	292	292	293	293	293	293
	24	6	6	6	6	6	6	6
	36,527	38,806	37,106	36,673	36,673	36,673	36,673	36,673
	1,186	1,196	1,265	1,333	1,333	1,333	1,333	1,333
	38,049	40,300	38,669	38,304	38,305	38,305	38,305	38,305
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	38,049	40,300	38,669	38,304	38,305	38,305	38,305	38,30 <u>5</u>
	38,049	40,300	38,669	38,304	38,305	38,305	38,305	38,305

A. STATEMENT OF PROGRAM OBJECTIVES

To improve the well-being of families with a focus on infants, children, and women of child-bearing age by increasing public awareness and professional education, and assuring access to a system of family centered, community-based preventive, early detection, treatment, habilitative and rehabilitative services.

B. DESCRIPTION OF REQUEST AND COMPLIANCE WITH SECTION 37-68 (1)(A)(B)

Request transfer of all positions and funds from HTH 530, HTH 540, HTH 550 and HTH 595/KC into HTH 560 to consolidate Family Health Services Division (FHSD) resources in one program ID.

Other major requests (over \$100,000) include:

General Funds - MOF: A

- \$2.8 million per year for comprehensive medical and health care services for the communities of Hana, Molokai and Waianae.
- Inclusion of the Fetal Alcohol Spectrum Disorder (FASD) program authorized by Act 204, SLH 2006 (1.00/100,000 per year).
- Workload positions and funding for the Children with Special Health Needs program
 –i.e. 2.00 Social Service Assistant IVs, a Speech Pathologist IV, a Social Worker IV, and two .50 FTE (Full-Time Equivalent) Clerk-Typists for neighbor island programs (5.00/84,810 for FY 08; 5.00/82,067 for FY 09)
- Additional funding of \$6,753,704 per year to purchase Early Intervention Services (EIS).
 The request is based on actual cost of services for FY 2006 as well as for estimated services to an increase in the number eligible children.
- Workload positions and funding for the EIS program—i.e. 2.00 Social Worker IV positions, a temporary Children & Youth Specialist II and a temporary Social Worker II. EIS is also requesting the conversion of 6.00 temporary positions—5.00 Children & Youth Specialist IV positions and 1.00 Statistical Clerk—to permanent count to address personnel issues of recruitment and retention (8.00/151,493 for FY 08;8.00/175,324 for FY09).

Ceiling Increases/Decreases

 Special funds (MOF: B)-increase of: \$300,000 per year for the Newborn Metabolic Screening Special Fund; and \$70,000 per year for the Hawaii Birth Defects Special Fund.

- Federal funds (MOF:N)—increase of: \$550,000 per year for the Genetics-Heritable
 Disorders grant; \$183,000 per year for the Genetics-Sickle Cell grant; \$300,000 per year
 for the Hilo Pa'a Project grant; and \$150,000 per year for the Baby HEARS grant.
 Decreased ceiling for "Improving Women's Health through Screening & Intervention for
 Depression during Pregnancy" grant (aka Malama Depression grant) by \$175,000 per
 year.
- Interdepartmental Transfers (MOF: U)-increase of \$250,000 per year for the Full Inclusions Project from the Department of Human Services.

C. DESCRIPTION OF ACTIVITIES PERFORMED

The mission of FHSD is to assure the availability of and access to preventive and protective health services for individuals and families by providing leadership in collaboration with communities and public-private partners. FHSD focuses on the health of women, infants, children, adolescents and their families, including fathers and children with special health needs.

The Maternal and Child Health Branch (MCHB) administers the maternal and child health programs for the provision of primary health care, statewide disease prevention and health promotion, promulgating policy, developing standards and providing guidance to assure availability, adequacy, and quality of services. This includes: 1) plans for, promotes, coordinates and monitors for the assurance of appropriate maternal and child health services; 2) develops and provides technical and analytical resources for monitoring the MCHB's activities; 3) advocates for public policies and programs that assure the overall well-being and healthy growth and development of children within the context of healthy families; 4) assesses the needs for maternal and child health services; 5) develops relationships, prepares contracts and monitors services provided by private agencies to meet identified needs; 6) evaluates the performance of the MCHB's activities designed to meet identified needs; 7) coordinates and conducts research on the impact of maternal and child health services on the target population and others; 8) explains program findings and evaluation procedures to program administrators, community advisory boards, State Health Planning and Development Agency and the general public.

The Children with Special Health Needs Branch's (CSHNB) activities include:

- For children with special health needs age 0-21 provision of care coordination, information and referral, social work, nutrition, specialty clinics, access to medical specialty services, and facilitation of the development of a family-centered communitybased system of comprehensive health services.
- Newborn screening: a) newborn hearing screening assurance of a statewide system of hearing screening, diagnostic audiological services, and appropriate early intervention

services for infants with hearing loss; b) newborn metabolic screening – assurance of a system of statewide newborn screening for 31 metabolic disorders with serious consequences such as mental retardation if not identified and treated early, and provision of appropriate diagnostic and treatment services.

- For children age 0-3 years who are developmentally delayed, biologically at risk, or environmentally at risk, and their families assurance of a statewide system of early intervention services. Services include care coordination, family counseling, social work, special instruction, psychology, audiology, physical and occupational therapy, speech pathology, nutrition, vision services, assistive technology, and transportation. Special projects include respite, inclusion, supportive parenting, Keiki Tech, and Keiki Care. EIS also assures that children age 3-5 who may be eligible for DOE special education preschool service receive interim care coordination and developmental and behavioral screening to support their application and transition into DOE.
- For preschool children provision of training to preschool staff in developmental/behavioral screening, and provision of consultation, interpretation, and follow-up for screened children with developmental/behavioral concerns.
- Birth defects surveillance collection and dissemination of birth defects data to help
 promote and protect the health of children by contributing to the identification of genetic,
 environmental hazards, and other causes or risk factors.
- Genetics statewide planning regarding genetic services, genetic education, development of policies and programs to meet the genetic needs of the community, and promotion of the prevention and intervention for genetic disorders.

The WIC Program provides a combination of direct nutritional supplementation, nutrition education and counseling, and increased access to health care and social services providers for low-income pregnant, breastfeeding and postpartum women, infants and children up to the age of five years. The WIC Program prides itself on being a potential point of entry to health care for many of its clients. WIC also provides screening for health care problems and offers referrals to other health and social services including immunizations, Medicaid, prenatal care, smoking cessation, and substance abuse programs.

D. STATEMENT OF KEY POLICIES PURSUED

Significant focus continues on health education, forging new partnerships with public and private sectors, and increasing programs' capacity to meet the public health functions of needs assessment, program planning, evaluation and policy development.

Promote private/public and family partnerships to assure the availability, accessibility, and affordability of health care services for children with special health needs.

Facilitate the development of the system of family-centered, comprehensive, community-

based, coordinated, culturally competent services for children with special health needs.

Assure that children with special health needs are appropriately diagnosed and treated, and provide services where mandated or as a "safety net" when necessary. Statewide services are provided under HRS 321-52.

Assure that infants and toddlers age 0-3 years who are developmentally delayed, biologically at risk, or environmentally at risk receive appropriate early identification and intervention services as specified under Part C of IDEA, HRS 321-352, and the Felix Consent Decree.

Assure that all infants are satisfactorily screened for metabolic disorders as specified under HRS 321-291 and for hearing disorders as specified under HRS 321-362, and that infants identified with disorders receive appropriate intervention.

Assure that the medical, education, and social habilitation needs of Supplemental Security Income (SSI) beneficiaries under age 16 years are met, as specified by Title V and Title XVI of the Social Security Act.

The improvement of the quality of life and the promotion of health through good nutrition for the people of Hawai'i is one of the key public health strategies. Studies have shown that pregnant women who participate in WIC have longer pregnancies leading to fewer premature births, have fewer low and very low birth weight babies, experience fewer fetal and neonatal deaths and seek prenatal care earlier in pregnancy. WIC helps to assure normal childhood growth, reduces early childhood anemia, increases immunization rates, and improves access to pediatric health care. WIC promotes and supports breastfeeding as the healthiest and best source of nutrients for infants.

Hawai'i WIC participates in Western States Contracting Alliance (WSCA) to benefit from cost containment in procurement of infant formula and breast pumps in order to fund cost of providing food benefits to additional WIC clients in Hawai'i.

E. IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIPS

FHSD collaborates on an ongoing basis to maximize resources and eliminate duplication. FHSD programs are also in communication with other state, county and federal agencies. Public-private partnerships continue to increase with community agencies and interest groups.

Federal Initiatives which assist in the implementation of program activities include the Title V Block Grant, the Preventive Health and Health Services Block Grant (PHHSBG), Centers for Disease Control and Prevention (CDC), the Administration for Children and Families, the

federal Maternal and Child Health Bureau, and the US Department of Agriculture. Programs within the FHSD are implemented primarily through purchase of service (POS) contracts.

The three Branches in the FHSD work collaboratively and through linkages within the Department's various programs primarily in the divisions of: Community Health, Developmental Disabilities, and Dental Health. Other collaborations include other State agencies and private organizations such as the Department of Human Services, Department of Education, University of Hawaii Center on Disabilities Studies, Shrinners' Hospital for Children, Kapiolani Medical Center for Women and Children, University of Hawaii/School of Medicine/Department of Pediatrics, American Academy of Pediatrics Hawaii Chapter, and Family Voices of Hawaii. Key relationships are with the U.S. Departments of Health and Human Services as well as the Department of Education. Contractual agreements are in place with private providers throughout the state.

The MCHB collaborates closely with organizations such as the Primary Care Association, Healthy Mothers-Healthy Babies, Hawaii Community Foundation, and the March of Dimes. The MCHB has initiated the establishment of a Statewide Perinatal Consortium as well as a Big Island Perinatal Consortium. Further, the MCHB is an active participant in the Child Protection Services Reform, Good Beginnings Alliance, Healthy Start Network, the National Healthy Start Coalition, Healthy Families America, the Substance Abuse Free Environment (SAFE) Council, Keiki Injury Prevention Coalition, Hawaii Immunization Coalition, Awareness Foundation (Prevent Violence Hawaii), the State Child Health Insurance Plan (SCHIP) and the statewide Child Death Review Council. The MCHB is also a collaborator with the University of Hawaii, Department of Public Health Sciences and Epidemiology, in training and the provision of core public health functions.

WIC also coordinates services with numerous community agencies serving the WIC eligible population. Among these are the Hawai'i Immunization Coalition, Healthy Mothers Healthy Babies, Parents and Children Together, Good Beginnings Alliance, and many others.

F. DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE PROGRAM

The MCHB responds to national and local priorities as defined by data and national mandates. An overarching concern is the racial and ethnic disparities faced by Native Hawaiians, Pacific Islanders, and the Filipinos as well as newer immigrant groups such as the Hispanic population.

The implementation of primary care which includes, family planning, perinatal and pediatric health, family/community support services and consistent surveillance oversight through the MCHB continues to be affected by the ongoing economic issues and limited federal and state revenues directed toward health care funding. Ever increasing need and ongoing

budget limitations dictate that MCHB continues to have difficulty in meeting stated objectives and providing adequate care to the increasing numbers of the uninsured, under insured, homeless and vulnerable populations.

Key health risk indicators continue to be of concern:

- The unintended pregnancy rate in Hawaii continues at 50%.
- The increase in the infant mortality rate for Native Hawaiians to 8.8 per 1,000 births in 2005 while the overall state rate decreased to 6.3 per 1,000 births.
- Women seeking 1st trimester prenatal care decreased only slightly from 82% in 2002 to 81% in 2005.
- Uninsured rate has increased from 4% to 10% overall; 25% of the clients enrolled in the Community Health Centers are uninsured.
- 26,000 children are without health care insurance; 19,500 Medicaid eligible children are NOT ENROLLED in QUEST.
- Families identified at-risk for child abuse has increased by 10%.

Efforts by the Department to address class action suits and newly emergent priorities (such as homeland security) continue to limit funds designated for prevention activities. However, federal programs continue to require MCHB to increase and maintain efforts for a range of childhood concerns such as injury prevention, asthma control, child abuse prevention, dental health, and adolescent health areas of teen pregnancy, substance use and suicide. Sexual assault, a growing issue for the adolescent population, cuts across all ages. Health as it impacts early learning and the system of care is growing in importance for MCH programs.

Women's health is a national focus impacting funding streams and related program areas such as substance abuse and violence against women. The lifespan issues affecting women including the integration of preconception and interconception care into practice as well as recognition of the disparities between genders has also gained prominence. The importance of male involvement in women and family issues must be strengthened. Collaboration, partnerships and resource blending and capacity building are even more critical for successful outcomes.

Since programs receive both federal and state funds, national legislation and requirements have a direct effect upon local programs. The Title V Maternal and Child Health Block Grant and Part C of IDEA, for example, specify responsibilities regarding the development of a comprehensive community-based, family-centered system of services for all children with special health needs.

The WIC Program continues to explore methods of serving the increasing number of working parents.

G. DISCUSSION OF COST, EFFECTIVENESS AND PROGRAM SIZE DATA

The MCHB tracks 55 process and outcome measures annually. MCH data sources include: data systems specific to program areas , i.e. the Pregnancy Risk Assessment and Monitoring System (PRAMS. Partnerships in conjunction with the Behavioral Risk Factor Surveillance System (BRFSS), Middle and High School Youth Risk Behavior Survey, Vital Statistics and Kids Count Data; contracts with private agencies to conduct program evaluation; technical assistance and monitoring by MCH staff during program site visits. Another surveillance data source is the Child Death Review (CDR) system with the Department of Health (DOH) Office of Health Status Monitoring (OHSM).

The Performance Measures are all in keeping with the mission of the Department of Health and the Maternal and Child Health Block Grant (Title V) especially as it relates to the core public health functions of assessment, policy development and assurance. Resources within the Branch are directed to those problems that raise the greatest risk to public health and the prevention of the most costly poor health outcomes. Services are targeted to the most vulnerable populations throughout the State, not covered by any other source of care.

The Healthy Start Program, as a component of the Part C IDEA Early Intervention System, provides universal screening, assessment, and home visiting services through purchase of service contracts. These providers collect extensive data for quality assurance and performance outcomes. In 2006 the program screened 89% of civilian families with newborns at birth. 49% of these families were assessed or identified to be at risk for child abuse and neglect. These families were offered home visiting services for family support.

The cost-effectiveness of the program results from the provision of prevention and early intervention services which prevent or decrease the need for later long-term high-cost intervention services. The program continues to utilize purchase of service contracts to maximize community partnerships and limit administrative costs.

Program size - estimated number of children served in 2006:

- 1,328 Services for children with special health needs ages 0-21(CSHNP)
- 428 Outreach/casefinding social work services for SSI children
- 17,882 Initial screening of newborns for metabolic/other disease
- 17,560 Initial screening of newborns for hearing loss
- 78 Infants with hearing loss receiving early intervention services by age 6
 months
- 2,013 Early intervention services for children ages 0-3 years with developmental delays
- 285 Children ages 0-3 with developmental delays and ages 0-21chronically ill receiving respite services

H. DISCUSSION OF PROGRAM REVENUES

Program funds are from: (1) the Federal government through the Title V block grant, Individuals with Disabilities Education Act - Part C, other discretionary grants and cooperative agreements; and (2) revenues generated from third party payers, such as medical insurance and/or Medicaid, whenever available. In addition, some private foundations also provide funds.

The Early Intervention Special Fund relies on timely and accurate client data to process billing to DHS for Medicaid reimbursement for eligible children. Delays in implementing a more efficient billing system have created delays in processing reimbursements. With recent budget appropriations relying on these special funds to pay for early intervention services, a potential crisis could occur if cash flow is disrupted.

The FHSD funds many of its key infrastructure positions with the federal Maternal and Child Health (Title V) block grant funds instead of state general funds. However, these funds have remained static and are actually not keeping up with staff collective bargaining increases as well as the escalating fringe benefit rates. It is anticipated that existing positions may be redescribed or eliminated to enable FHSD to stay within funding limits. During the upcoming fiscal biennium 2007-09, or even sooner, it is anticipated that the entire Preschool Developmental Screening Program (PDSP) will be eliminated as all positions, except for the program supervisor, are funded with Title V funds. Although the program provides an important service for children ages 3 to 5 that may prevent them from entering DOE Special Education programs if they are diagnosed and receive services soon enough, the Title V block grant cannot continue to fund these positions.

Collaboration with the Department of Human Services is on-going for Temporary Assistance for Needy Families (TANF), the continued implementation of the early intervention carve-out, and the Child Abuse and Prevention and Treatment Act (CAPTA) funds, as available, for the Child Death Review system. The Domestic Violence and Sexual Assault Special Funds are generated from fees collected on marriage and birth certificates.

I. SUMMARY OF ANALYSIS PERFORMED

N/A

J. FURTHER CONSIDERATIONS - Not applicable

None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH580

PROGRAM STRUCTURE NO. 05010601

PROGRAM TITLE:

COMMUNITY HEALTH SERVICES

							IN IHOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13			
OPERATING COST	490.80*	490.00*	490.00*	490.00*	490.0*	490.0*	490.0*	490.0*			
PERSONAL SERVICES	16,013,657	19,025,123	20,753,275	20,758,275	20,758	20,758	20,758	20,758			
OTHER CURRENT EXPENSES	3,397,640	3,507,734		3,736,743	3,736	3,736	3,736	3,736			
EQUIPMENT	4,750	8,550	13,550	8,550	´ 9	9	9	9			
TOTAL OPERATING COST	19,416,047	22,541,407	24,511,568	24,503,568	24,503	24,503	24,503	24,503			
BY MEANS OF FINANCING				!							
	479.80*	479.00*	479.00*	479.00*¦	479.0*	479.0*	479.0*	479.0*			
GENERAL FUND	15,932,506	19,057,866	19,183,988	19,183,988 }	19,184	19,184	19,184	19,184			
SPECIAL FUND	120,720	120,720	110,720	102,720	103	103	103	103			
	11.00*	11.00*	11.00*	11.00*	11.0*	11.0*	11.0*	11.0*			
OTHER FED. FUNDS	3,362,821	3,362,821	3,821,823	3,821,823	3,821	3,821	3,821	3,821			
• · · · · · · · · · · · · · · · · · · ·	*	*	*	*	*	*	*	*			
INTERDEPT. TRANSFER			1,395,037	1,395,037	1,395	1,395	1,395	1,395			
TOTAL POSITIONS	490.80*	490.00*	490.00*	490.00*	490.00*	490.00*	490.00*	490.00*			
TOTAL PROGRAM COST	19,416,047	22,541,407	24,511,568	24,503,568	24,503	24,503	24,503	24,503			
TOTAL TROOMS. SOS.		=========	==========	======================================							

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
HTH580
55010601
COMMUNITY HEALTH SERVICES

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS								
 % CHILDREN 0-18 W/HTH INSURANCE MONITORED BY PHNS % SP NDS CHDN 0-3 MONIT BY PHN W/IFSP W/IN 45 DAYS % CHLDREN BY AGE 2 MONITRD BY PHN COMPLTE IMMUNZ % FRAIL ELDERLY MONTRD BY PHNS & MAINTND IN COMMTY % CLIENTS MEDICLLY FRAGILE W/EMERGNCY PREPARDN PLN % PERSONS W/DIABETES WHO HAD 2 A1C TESTS PAST YEAR % OF ADULTS & CHILDREN HOSPITALIZED WITH ASTHMA PERCENT OF ADULT (AGE 18+) WHO SMOKE PERCENT OF YOUTHS (AGES 12-17) WHO SMOKE % LIMITD/NON-ENGLSH SPKNG CLIENTS REF/RECV HTH SVS 	84 75 75 65 90 65 .123 17 14.9	85 75 75 70 90 65 .122 16.5 14.5	85 75 75 70 90 66 .121 16.5 14.5	85 75 75 70 90 66 .120 16.5 14.5	85 75 75 70 90 67 .119 16 14 85	85 75 75 70 90 67 .118 16 14 85	85 75 75 70 90 67 118 16 14 85	85 75 75 70 90 67 .118 16 14
PROGRAM TARGET GROUPS 1. CHLDRN/ELDRS MEDICLLY FRGILE W/EMRG PRPRDNSS PLNS 2. SPECIAL NEEDS INFANTS/CHLDRN 0-3 NEEDING PHN SVCS 3. SPECIAL NEEDS/DD CHILDREN 4-20 NEEDING PHN SVCS 4. CHILD & ELDERLY ABUSE & NEGLECT CASES REFERRED PHN 5. DIAGN/SUSPECTED TB/HD/OTH COMM DIS NEEDING PHN SVC 6. ADULTS WITH DIABETES 7. ADULTS AND CHILDREN WITH ASTHMA 8. SMOKERS IN GRADES 9-12 9. ADULT SMOKERS 10. LIMITED AND/OR NON-ENGLISH SPEAKING CLIENTS	150 1472 2171 548 118 80000 105500 8200 161000 6500	200 1500 2200 500 100 84000 107500 8100 156500 6500	200 1500 2200 500 100 88000 109500 8100 156000 6500	200 1500 2200 500 100 92000 111500 8000 155900 6500	200 1500 2200 500 100 96000 113500 7700 155850 6500	200 1500 2200 500 100 100000 115500 7700 155800 6500	200 1500 2200 500 100 104000 117500 7700 155750 6500	200 1500 2200 500 100 108000 119000 7700 155700 6500
PROGRAM ACTIVITIES 1. CHILD/ELDER ASSESSMNT, MGT FOR EMRG PREPRDNSS PLN 2. CARE COORD/SUPV/MGT/IMMZ VISTS FOR SPCL NEED/DD CH 3. ADULT/ELDERLY ASSESSMNT/MGT/REFRL/FOLLOW-UP VISITS 4. CHILD/ELDER ABUSE/NEGLCT ID/CASE SUPV/PREVNT VISIT 5. TB/HD/OTH COMM DIS SCRNG/INV/TRTMT/FOLLOW-UP VSITS 6. NO. PROF TRNGS IN USE OF ESTB STDS/GUIDLNS/CRRCLA 7. NO. HIGH RISK, LIMITED/NON-ENGL-SPKNG INDIV SERVED 8. NUMBER OF REQUESTS FOR DATA 9. NUMBER OF REQUESTS FOR TECHNICAL ASSISTANCE 10. NO. TRAINGS/PRESENTATNS TO BUILD COMMUNITY CAPACTY	600 19783 8989 4697 49328 3500	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	3,295	3,502 5 3,507	3,576 5 3,581	3,576 5 3,581	3,576 5 3,581	3,576 5 3,581	3,576 5 3,581	3,576 5 3,581
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)	•	•			-,	-,	-,	5,551
SPECIAL FUNDS	3,295	3,507	3,581	3,581	3,581	3,581	3,581	3,581
TOTAL PROGRAM REVENUES	3,295	3,507	3,581	3,581	3,581	3,581	3,581	3,581

A. Statement of Program Objectives

To improve and maintain the health of individuals and communities by promoting healthy lifestyle choices, advocating for systemic and environmental policy changes, emergency preparedness for disasters and assuring access to health care services through the provision of health promotion and education, public health nursing, school health, bilingual health services. To provide and use data to identify areas of need and promote the use of best and promising practices to reduce the incidence and burden of chronic disease and to reduce health disparities among populations.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

- Request to transfer HTH 180 Chronic Disease Management and Control (CDMC), with org codes GJ, GP, GQ & GR, into HTH 580. The Department of Health is proposing that these programs be consolidated into one program ID, i.e. HTH 580 -Community Health Services, while retaining the existing org codes (20.00/1,057,289A, 20.00/1,057,289A; 0.00/18,000B, 0.00/18,000B; 11.00/3,362,821N, 11.00/3,362,821N).
- Request to transfer HTH 570 Public Health Nursing (PHN), with org codes KJ and KL into HTH 580. The Department of Health is proposing that these programs be consolidated into one program ID, i.e. HTH 580 - Community Health Services, while retaining the existing org codes (451.00/17,639,024A, 451.00/17,639,024A; 0.00/90,720B, 0.00/90,720B).
- Request to transfer HTH 595/KD Community Health Administration into HTH 580.
 The Department of Health is proposing that these programs be consolidated into
 one program ID, i.e. HTH 580 Community Health Services, while retaining the
 existing org codes. (8.00/487,675A, 8.00/487,675A; 0.00/12,000B, 0.00/12,000B).
- Request to increase the Organ and Tissue Donor Education Special Fund ceiling in FY 2008 by \$8,000 to expend additional revenues for Organ Donor Center education purposes.
- Request to establish inter-departmental transfer ceiling (MOF: U) utilizing Department of Human Services'(DHS) Temporary Assistance for Needy Families (TANF) funding for a collaborative project to provide nursing services to TANF clients (12.20/1,150,000U, 12.20/1,150,000U).
- Request to increase federal fund ceiling to include the earmarked grant "Childhood Rural Asthma" (175,000N, 175,000N).

- Request to increase federal fund ceiling to add 1.00 temporary Public Health Educator to the current Asthma Control Program (0.00/59,002N;0.00/59,002N).
- 8. Request to increase federal fund ceiling for a .50 temporary Public Health Educator and funding for the Tobacco Quitline grant (0.00/225,000N;0.00/225,000N).

Other requests include funding for staff to monitor compliance regarding tobacco smoking in public places pursuant to Act 295/SLH 2006; reduction of Dietician Licensure Special Fund; and establishing a ceiling to receive DOE funding for a school-based RPN IV at Farrington High School.

C. Description of Activities Performed

The CDMC Branch provides statewide leadership in the areas of health promotion and chronic disease prevention and management by collecting and using data; disseminating guidelines, recommendations, and best practices for behavioral interventions; and by assisting communities and organization to increase their capacities to prevent chronic diseases and promote healthy behaviors. This branch consists of the following areas: Cancer Prevention and Control, Diabetes and Chronic Disabling Diseases, Bilingual Services, and Tobacco Prevention and Control.

The PHN Branch maximizes and protects healthy lifestyles by improving health practices and access to health care through as system of comprehensive, family-centered public health nursing services to individuals, families, groups, and communities. This branch works collaboratively to provide culturally competent and relevant public health nursing services to at-risk and vulnerable populations of all age groups in a variety of community settings.

D. Statement of Key Policies Pursued

The CDMC Branch assigns priority to nationally established core public health functions of assessment, policy development, and assurance for effecting improved community health services and disease prevention and control.

The PHN Branch services primarily address departmental policies and program priorities and community health needs, focusing on "wellness," "attainment of optimum health," and "achievement of self sufficiency", with emphasis on preventive care to atrisk targeted populations.

E. Identification of Important Program Relationships

The CDMC Branch serves as a catalyst and leader in the state for controlling and managing the fiscal and human costs of disease through mobilizing and coordinating public and private sector programs and implementing innovative intervention programs to address service gaps. The branch facilitates important linkages between the Department of Health (DOH), public and private community organizations, the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Public Health Directors, and the National Cancer Institute, among others.

The PHN Branch works closely with the CDMC Branch, other divisions in the DOH, the Departments of Education and Human Services, the Executive Office on Aging, University of Hawaii Schools of Nursing and Medicine, and other community-based social, educational, and health organizations.

F. Description of Major External Trends Affecting the Program

CDMC Branch: National trends, public health funding, and health care reform strongly emphasize primary prevention through core public health functions rather than a focus on providing direct services. Broad, collaborative community participation and community development are also emphasized nationally. The CDC directs its decreasing resources to disease surveillance and assessment and prevention of chronic diseases. Other trends relate to shifting population patterns and health disparities among resident groups such as Native Hawaiians and the homeless.

PHN Branch: Major external trends affecting this branch include: (1) continued limitations in program funding and personnel will continue to force programs to do more with less; (2) recruitment of nurses continues to be a challenge; (3) increased efforts for surveillance and data analysis and fostering of community based participatory approaches for program planning, development and evaluation; (4) continued reliance on partnerships with government and private organizations; and (5) increasing rates of obesity, especially in disparate populations; (6) physical inactivity, poor diet, and tobacco use continue to contribute to the prevalence of chronic diseases, resulting in increased case loads and stretched resources; (7) continued disproportionate impact of chronic disease mortality and morbidity on certain populations; (8) given limited resources, services will continue to target populations at highest risk; (9) increasing identification of students' health/medical conditions and those in need of educational

accommodations (Section 504/IDEA) will strain limited resources to administer medications and provide other health services; (10) increasing numbers of medically fragile children in the community will require more services and will increase the need for additional health and licensed personnel in the schools; (11) increasing numbers of immigrants and migrants with communicable disease and other health care needs are impacting on our limited resources; (12) continuation of building capacity for disaster response and related homeland security/bioterrorism efforts put demands on existing staff and resources; (13) training, skill and competency building are ongoing concerns with the rapid changes in technology and replacement of outdated and antiquated equipment to assure up-to-date, quality service.

G. Discussion of Cost, Effectiveness and Program Size Data

CDMC Branch: Downsizing and budget cuts have severely limited the ability of branch programs to respond with appropriate professional expertise to populations in greatest need of services. While programs have been successful at securing federal funds, this branch must continue to have a core level of general funds to respond to local issues and properly administer programs.

PHN Branch: Nursing services to high-risk populations require outreach and increased visits due to the various perceived barriers in accessing health care services. Services to specific populations of Pacific Islanders/Marshallese present many challenges and ongoing consistent outreach, which does tax this branch's resources.

H. <u>Discussion of Program Revenues</u>

None

Summary of Analysis Performed

None

J. Further Consideration

None

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH590

PROGRAM STRUCTURE NO. 05010602

PROGRAM TITLE:

TOBACCO SETTLEMENT

					IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
OPERATING COST	*	*	26.00*	26.00*	26.0*	26.0*	26.0*	26.0*	
PERSONAL SERVICES	1,002,592	1,545,232	2,175,999	2,175,999	2,176	2,176	2,176	2,176	
OTHER CURRENT EXPENSES	49,340,011	41,638,797	55,071,267	56,371,267	56,371	56,371	56,371	56,371	
TOTAL OPERATING COST	50,342,603	43,184,029	57,247,266	58,547,266	58,547	58,547	58,547	58,547	
		<u>= = = = = = = = = = = = = = = = = = = </u>							
BY MEANS OF FINANCING				1					
	*	*	26.00*	26.00*	26.0*	26.0*	26.0*	26.0*	
SPECIAL FUND	50,342,603	43,184,029	53,847,266	53,847,266	53,847	53,847	53,847	53,847	
	*	*	*	*	*	*	*	*	
INTERDEPT. TRANSFER			3,400,000	4,700,000	4,700	4,700	4,700	4,700	
TOTAL POSITIONS	*	*	26.00*	26.00*	26.00*	26.00*	26.00*	26.00*	
TOTAL PROGRAM COST	50,342,603	43,184,029	57,247,266	58,547,266	58,547	58,547	58.547	58,547	
IOTAL PROGRAM COST	20,342,003			=======================================			========		

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH590
PROGRAM STRUCTURE: 05010602
PROGRAM TITLE: TOBACCO SETTLEMENT

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS								
1. PERCENTAGE OF ADULTS WHO ARE AT A HEALTHY WEIGHT 2. % CHILDREN/ADOLESCENTS WHO ARE AT A HEALTHY WGHT 3. % ADULTS ENGAGE IN MODERTE PHY ACTIV 30 MIN EA DAY 4. % ADULTS WHO ENGAGE IN LEISURE-TIME PHYS ACTIVITY 5. % YOUTH ENGAGE IN MODERTE PHY ACTV 30 MIN EACH DAY 6. % PERSONS 2 YRS & OLDER CONSUME 3 DAILY SRVGS VEG 7. % PERSONS 2 YRS & OLDER CONSUME 2 DAILY SRVG FRUIT 8. PERCENTAGE OF SMOKING AMONG ADULTS 9. PERCENTAGE OF SMOKING AMONG HIGH SCHOOL STUDENTS	50	52	55	57	60	60	60	60
	72	75	78	80	85	85	85	85
	50	52	55	57	60	60	60	60
	80	80	85	87	90	90	90	90
	65	65	68	70	75	75	75	75
	25	27	28	29	30	30	30	30
	19	20	22	24	25	25	25	25
	18	17	16	16	15	15	15	15
PROGRAM TARGET GROUPS 1. TOTAL NUMBER OF HAWAII RESIDENTS 2. TOTAL NUMBER OF CHILDREN ATTENDING HAWAII SCHOOLS 3. TOTAL NO. FOOD STAMP PARTCPNTS & ELIGIBLE HI RESDN	1200000	1200000	1200000	1200000	1200000	1200000	1200000	1200000
	200000	200000	200000	200000	200000	200000	200000	200000
	240000	240000	240000	240000	240000	240000	240000	240000
PROGRAM ACTIVITIES 1. NO. SOCIAL-MARKTNG CAMPAIGNS CONDCTD FOR TARGT GRP 2. NO. NUTRITION/PHYSICAL ACTIVITY COALITION MEMBERS 3. NO. COMMUNTIES CONDCTNG POLICY/ENV/SYS CHANGES 4. NUMBER OF PEOPLE TRAINED IN NUTRITION EDUCATION 5. NO. TEACHRS TRAIND IN STNDS-BASED HTH & PHYSICL ED 6. NO. MD RESDNT/PHYSCNS TRAIND IN OBESITY PRV/INTRVN 7. NO. SURVEILLNCE DATA SETS IN HI HTH DATA WAREHOUSE 8. NO. STANDARD REPRTS AND REPORTNG TEMPLATES IN HHDW 9. NO. DEPTL DATA USERS TRAINED & UTILIZE THE HHDW 10. INFORMATION GOVERNANCE FOR HHDW IS ESTABLISHED	2 4 500 5 15	2 100 5 400 500 80 7 100 40	2 125 10 600 500 80 8 200 50 4	3 200 12 1500 600 80 10 250 50	3 300 15 2000 650 80 12 275 55 4	3 400 15 2500 700 80 14 300 60 4	3 500 15 3000 750 80 16 325 60 4	3 600 15 3500 800 80 18 350 60
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL REVENUE FROM OTHER AGENCIES: ALL OTHER CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	737	727	727	727	727	727	727	727
	4,457	4,114	3,886	3,746	3,597	3,597	3,597	3,597
	34,863	35,481	53,497	53,497	53,497	53,497	53,497	53,497
	11	10	10	10	10	10	10	10
	40,068	40,332	58,120	57,980	57,831	57,831	57,831	57,831
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	40,068	40,332	58,120	57,980	57,831	57,831	57,831	57,831
	40,068	40,332	58,120	57,980	57,831	57,83 1	57,83 1	57,831

^{*} Program revenues are overstated due to program structure changes.

A. Statement of Program Objectives

To ensure that people in Hawaii have healthy beginnings in early childhood, healthy growth and development through childhood, and healthy adult lifestyles based on good nutrition, regular physical activity, and freedom from tobacco use.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

Budget requests for this program include:

- Transferring out 25 temporary positions and funding from HTH 595/KK Tobacco Settlement into the proposed program ID HTH 590 – Tobacco Settlement (0.00/43,191,280B each year);
- Conversion of 23 temporary positions to permanent count (23.00/0B per year);
- Increase the Tobacco Settlement Special Fund ceiling and establish three new permanent coordinator positions—one each for nutrition, community outreach, and worksite education (3.00/10,655,986B each year); and
- Establish an inter-departmental ceiling for the Food Stamp Nutrition Education (FSNE) program's seven temporary positions and operating expenses with funding coming from the US Department of Agriculture (USDA) through the Department of Human Services (DHS) (0.00/3,400,000U;0.00/4,700,000U).

C. Description of Activities Performed

The Tobacco Settlement Project/Healthy Hawaii Initiative (TSP/HHI) coordinates resources across administrations and divisions in the department to plan and implement the health promotion components of the TSP/HHI. The project collaborates with other governmental agencies and non-governmental agencies to reach the programmatic goals and employs a comprehensive mix of broad-reaching activities in four major strategies: (1) public awareness and professional education; (2) school-based health activities; (3) community-based programs; (4) planning, evaluation and data collection. Relationships and strategic partnerships are established to develop sustainable changes through policy, systems and environmental changes.

The TSP/HHI also develops social marketing campaigns to reach the broad population as well as targeted groups, especially the Food Stamp eligible population. It supports coalition building to create capacity in communities to create sustainable changes in healthy eating and active living. The project partners with the Department of Education and University of Hawaii and non-governmental agencies to provide professional development trainings to increase the skills and knowledge of teachers to reach children with standards-based health education and physical education instruction in schools. Professional education will also be provided through a partnership with the University of Hawaii, John A. Burns School of Medicine, Department of Pediatrics so physicians in the field and those in residence will receive training on childhood

overweight intervention. The Hawaii Health Data Warehouse (HHDW) Project in provides increased access and utility of surveillance data to programs across the department to increase timely reporting and evaluation of programs. The HHDW Project provides training in accessing data from the HHDW and data application. Participation in the USDA Food Stamp Nutrition Education program by TSP/HHI with the DHS increases reach to the Food Stamp eligible population that is at generational risk for poor nutritional practices.

D. Statement of Key Policies Pursued

The Tobacco Settlement Project/Healthy Hawaii Initiative (TSP/HHI) was created pursuant to §328L-4, HRS to lead the state in the prevention of chronic disease by addressing nutrition, physical activity and tobacco use. The TSP/HHI interprets national recommendations for public education, and to build capacity across other state and community-based agencies. TSP/HHI does not provide direct delivery of services but through providing technical assistance and training opportunities, it is able to more cost effectively increase the knowledge and skills amongst stakeholders who do provide direct services. As a state agency project, it is also able to leverage media and community outreach interventions by working through the state procurement system to purchase the best qualified and cost effective contractor.

The activities of the TSP/HHI are responsive primarily to Part I of the Hawaii State Planning Act, Chapter 226, *Hawaii Revised Statutes* (HRS). The measurable objectives and outcomes of the TSP/HHI support HRS§226-4(3) of the state goal to achieve physical well-being for individuals and families in Hawaii and encourage community responsibility. The efforts are aligned with the objectives and policies stated in section 226-20 to address the primary prevention of chronic disease and to encourage public and private efforts to develop statewide and local strategies to reduce costs related to healthcare, and to increase awareness, knowledge and encourage healthy behaviors through education and other interventions. The TSP strategy using a social ecologic model to address the level of interactions and changes to support changes in nutrition, physical activity and tobacco use has activities that reach the population at the individual, social, environmental and policy levels. The strategy changes are also aligned with HRS§226-23 of the state plan policy to support the establishment of adequate and accessible programs and community environments that support leisure time physical activity.

E. Identification of Important Program Relationships

The objectives of the TSP/HHI are reached through critical relationships with other agencies. Partnerships between the University of Hawaii and DOH increase opportunities for both agencies to improve the use of health status monitoring data collection for program evaluation, decision making and to provide Hawaii the ability to add to the body of public health knowledge. The partnership with higher education also aligns with HRS§226-107 to initiate efforts to improve the quality of education by providing workforce development for Department

of Education teachers. The school health partnership of TSP/HHI also includes private agency partners that allow the inclusion of independent school teachers to ultimately affect as many of Hawaii's school age children as possible with quality health education and physical education. The TSP/HHI will be implementing physical activity and nutrition coalition building to increase the capacity of state and community-based agencies to interpret national recommendations into Hawaii specific strategies for the primary prevention of obesity, and chronic disease by increasing healthy eating and active living. This effort includes contracting qualified agencies that will convene partner organizations while TSP/HHI provides the technical assistance, evaluation support and funding. The goal is to create one state and neighbor island county level coalitions that can advocate for the health of the broader population as well as conduct community-based activities that will motivate people toward healthy behaviors. The coalitions will represent culturally relevant approaches for their communities in keeping with HRS§s 226-25 and 27 whereby government is sensitive to the quality of cultural and community lifestyles and engages citizens to participate in policy development.

The latest strategy of TSP/HHI is the participation in the USDA FSNE program, also known as HHI Nutrition Network. TSP/HHI is working closely with the DHS and is serving as a contractor to provide nutrition education programs. TSP/HHI is building the infrastructure to bring on board more agencies to enhance the availability and reach of nutrition education to the Food Stamp eligible population. General and special funds not being used as non-federal match dollars may qualify as match to this program.

F. Description of Major External Trends Affecting the Program

Hawaii's combined overweight and obesity rates are the lowest in the nation according to the 2005 Behavioral Risk Factor Surveillance Study. However, Hawaii, like much of the nation continues to experience a rise in trends of overweight and obesity amongst adults and youth. Unless the trends are reversed, the people of Hawaii will face increasing economic costs and decrease in quality of life from health related to obesity. According to Finkelstein, Fiebelkorn and Wang (2004), they calculated that for 2003, Hawaii had obesity-attributable expenditures equal to \$290 million. The burden of chronic diseases associated with tobacco use, physical activity and nutrition behaviors is also unequally distributed. Native Hawaiians continue to report having higher rates of obesity, heart disease, strokes, lung cancer and breast cancer from the rest of the population. Japanese, Native Hawaiians, then Chinese and Filipinos face higher diabetes rates than Whites in Hawaii. A growing body of evidence indicates that the risk areas of physical activity and nutrition are also important to the prevention of chronic disease. Also, research and intervention evaluations indicate that interventions need to rise beyond the individual level and that environmental and policy changes are needed to reintegrate activity into daily living, and healthy eating options need to be accessible and reestablished as a societal norm (Brownson, Haire-Joshu and Luke, 2006).

G. Discussion of Cost, Effectiveness, and Program Size Data

The Tobacco Settlement Special Fund (TSSP) established through HRS§328L-2 allocates 25% of the funds for the DOH for health promotion and the prevention of chronic disease. In the FB 03-05, more than 50% of the revenues were shifted to another departmental program, Healthy Start, a domestic violence prevention home visitation program. The result was a reduction in available funds for specific TSP/HHI interventions. Beginning July 1, 2005, the Healthy Start program no longer received departmental TSSF. Meanwhile TSP/HHI reorganized and has been building capacity and increasing activities in FB 05-07. The TSP/HHI will continue the capacity building to reach programmatic objectives and is proposing to work more aggressively to reach the Healthy People 2010 objectives and impact the trend of overweight and obesity in Hawaii.

H. Discussion of Program Revenue

Anticipated revenue is expected to increase by approximately \$10.6+ million over the current receipts from the Tobacco Master Settlement Agreement based on the strategic fund contribution payment to settling states.

I. Summary of Analysis Performed

The TSP HHI has been evaluated and reorganized based on recommendations from the University of Hawaii, Department of Public Health Sciences to more effectively address the prevention of chronic disease and obesity through a social ecologic model. According to the "2003 HHI Evaluation: Key Stakeholders Interview," the project needed to increase capacity and implement national recommendations. HHI surveys found a high response rate of recognition for the HHI social marketing brand, "Start Living Healthy." Survey results also showed that while many people reported being prepared to eat healthy food; many didn't consider eating the recommended levels of fruits and vegetables at all important. Also, almost half of those surveyed reported that they were prepared to be physically active but were not currently meeting the recommendations for physical activity. The new positions reflect the need to move towards addressing social, environmental and policy changes and to aggressively increase reach through public education and community level interventions. To address health disparities, the Nutrition Network, supported and in keeping with the USDA auidelines, requires building infrastructure for targeted nutrition education. Formative research is being conducted to understand the food stamp eligible population attitudes and behaviors.

J. Further Considerations

None

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH595

PROGRAM STRUCTURE NO. 050107

PROGRAM TITLE:

HEALTH RESOURCES ADMINISTRATION

		IN DOLL	IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*
PERSONAL SERVICES	86,377	89,422	94,459	94,459	94	94	94	94
OTHER CURRENT EXPENSES	628,256	628,256	623,837	623,837	624	624	624	624
TOTAL OPERATING COST	714,633	717,678	718,296	718,296	718	718	718	718
						=======		
BY MEANS OF FINANCING								
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*
GENERAL FUND	714,633	717,678	718,296	718,296	718	718	718	718
TOTAL POSITIONS	2.00*	2.00*	2.00*	2.00*	2.00*	2.00*	2.00*	2.00*
TOTAL PROGRAM COST	714,633	717.678	718.296	718,296	718	718	718	718
TOTAL TROOMS OF	=========				=======	******		

STATE OF HAWAII

PERFORMANCE MEASURES AND PROGRAM REVENUES

REPORT P62

PROGRAM ID: HTH595
PROGRAM STRUCTURE: D50107
PROGRAM TITLE: HEALTH RESOURCES ADMINISTRATION

	FY							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % MOE HRA PRGS SHOWING BENEFICIAL CHGS (PL VS ACT)								
PROGRAM TARGET GROUPS 1. PERSONNEL IN HEALTH RESOURCES ADMINISTRATION 2. OTHER ADMINISTRATIVE LEVEL STAFF IN DEPT OF HEALTH	1306	1306	1306	1306	1306	1306	1306	1306
	183	183	183	183	183	183	183	183

A. Statement of Program Objectives

To enhance program effectiveness and efficiency by formulating policies; directing operations and personnel; and providing other administrative services in the areas of communicable disease, developmental disabilities, family health, community health nursing and bilingual health services.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

Budget requests for HTH 595 include transferring out the following division administration resources to be grouped together with the rest of their respective division programs:

- Communicable Disease Division Administration—HTH 595/KE into HTH 100/KE (4.00/242,819A each year);
- Community Health Division Administration—HTH 595/KD into HTH 580/KD (8.00/487,675A and 0.00/12,000B each year); and
- Family Health Services Division Administration—HTH 595/KC into HTH 560/KC (14.00/5,703,130 A; 2.00/5,213,416B; and 8.50/1,007,373N each year).

Additionally the Tobacco Settlement program–HTH 595/KK will be transferred to HTH 590/KK (0.00/43,191,280B each year).

C. Description of Activities Performed

All of the activities are administrative in nature and involve the setting of goals and policy direction for programs within the Health Resources Administration which includes the Emergency Medical Services and Injury Prevention Systems Branch along with the Communicable Disease, Community Health, Dental Health, Developmental Disabilities, Disease Outbreak Control and Family Health Services Divisions.

D. Statement Of Key Policies Pursued

Many federal and state statutory requirements, as well as internal policies, govern the programs in the Health Resources Administration (HRA). Policies are reviewed and amended to conform with ongoing needs.

E. Identification of Important Program Relationships

Programs within HRA collaborate on an ongoing basis to ensure that departmental resources are maximized and duplication is eliminated. HRA programs are also in communication with other state, county and federal agencies. Public-private partnerships continue to increase with community agencies and interest groups.

F. Description of Major External Trends Affecting the Program

An ongoing element affecting HRA programs for the last decade has been the State's economy. The results of the high cost of living is seen in the growing numbers of uninsured individuals and homeless families and the decreasing accessibility to health care services for rural residents and low income persons throughout the State.

G. Discussion of Cost, Effectiveness and Program Size Data

The size and complexity of the Health Resources Administration makes it very difficult for each program ID to limit the measures of effectiveness, target groups and activity measures to ten of each. This results in the limitation of the overall measures to ones that have commonality among all the individual programs but may be somewhat nebulous and do not give a sense of each major program within those very large divisions that may cover diverse programs.

H. Discussion Of Program Revenues

The Health Resources Administration, as part of core departmental infrastructure, is funded entirely by state general funds.

I. Summary Of Analysis Performed

None

J. Further Considerations

None

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH210

PROGRAM STRUCTURE NO. 050201

PROGRAM TITLE:

HAWAII HEALTH SYSTEMS CORPORATION

		IN DOLL	ARS	IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
CURRENT LEASE PAYMENTS OTHER CURRENT EXPENSES			14,178,000	18,275,000	18,275	18,275	18,275	18,275	
	way was may now your was that and also said and and and				·				
TOTAL CURRENT LEASE PAYMENTS C	***********		14,178,000	18,275,000	18,275	18,275	18,275	18,275 =======	
BY MEANS OF FINANCING SPECIAL FUND			14,178,000	18,275,000	18,275	18,275	18,275	18,275	
OPERATING COST	2,836.25*	2,836.25*	2,836.25*	2,836.25*	2,836.3*	2,836.3*	2,836.3*	2,836.3*	
PERSONAL SERVICES OTHER CURRENT EXPENSES	238,690,000 133,049,000	263,809,558 117,500,041	268,150,000 150,837,232	272,534,000 166,172,961	272,534 166,173	272,534 166,173	272,534 166,173	272,534 166,173	
TOTAL OPERATING COST	371,739,000	381,309,599	418,987,232	438,706,961	438,707	438,707	438,707	438,707	
BY MEANS OF FINANCING GENERAL FUND	37,754,395	48,739,662	53,612,232	53,622,961	53,623	53,623	53,623	53,623	
SPECIAL FUND	2,836.25* 333,984,605	2,836.25* 332,569,937	2,836.25* 365,375,000	2,836.25* 385,084,000	2,836.3* 385,084	2,836.3* 385,084	2,836.3* 385,084	2,836.3* 385,084	
CAPITAL IMPROVEMENT COSTS			1,000						
PLANS Design	507,000	50,000	2,000,000	500,000					
CONSTRUCTION EQUIPMENT	30,709,000 175,000	6,250,000 275,000	7,998,000 1,000	9,500,000					
TOTAL CAPITAL EXPENDITURES	31,391,000	6,575,000	10,000,000	10,000,000					
BY MEANS OF FINANCING G.O. BONDS OTHER FED. FUNDS	13,163,000 18,228,000	6,575,000	10,000,000	10,000,000					
TOTAL POSITIONS TOTAL PROGRAM COST	2,836.25* 403,130,000	2,836.25* 387,884,599	2,836.25* 443,165,232	2,836.25* 466,981,961	2,836.30* 456,982	2,836.30* 456,982 ======	2,836.30* 456,982 ======	2,836.30* 456,982	

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH210
PROGRAM STRUCTURE: DROGRAM TITLE: HAWAII HEALTH SYSTEMS CORPORATION

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS							2011 12	
 AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQPT) AVERAGE PATIENT REVENUE PER PATIENT DAY OCCUPANCY RATE - ACUTE CARE OCCUPANCY RATE - LONG-TERM CARE % SUSPECTED PNEUMONIA PAT REC ANTIBIOTICS IN 4 HR 	936.6 814.86 67.21 96.8	1040.37 887.63 72 98	1099.95 920.16 73 98	1147.45 977.87 74 98	1150 1000 74 98	1150 1000 74 98	1150 1000 74 98	1150 1000 74 98
PROGRAM TARGET GROUPS								
1. EST. POPULATION OF SERVICE AREA - EAST HAWAII 2. EST. POPULATION OF SERVICE AREA - WEST HAWAII 3. EST. POPULATION OF SERVICE AREA - WEST HAWAII 4. EST. POPULATION OF SERVICE AREA - KAUAI 5. EST. POPULATION SERVICE AREA OVER 65 - EAST HAWAII 6. EST. POPULATION SERVICE AREA OVER 65 - WEST HAWAII 7. EST. POPULATION SERVICE AREA OVER 65 - MAUI 8. EST. POPULATION SERVICE AREA OVER 65 - OAHU 9. EST. POPULATION SERVICE AREA OVER 65 - KAUAI	102172 62621 141591 62682 13589 8329 16283 130006 8838	103296 63310 143148 63372 13738 8420 16462 131306 8935	104432 64007 144723 64069 13889 8513 16643 132619 9034	105581 64711 146315 64773 14042 8607 16826 133945 9133	109585 67165 151300 65900 14575 8933 17400 134324 9292	110790 67904 152964 66625 14735 9031 17591 135667 9394	112009 68651 154647 67358 14897 9131 17784 137024 9497	113241 69406 156348 68099 15061 9231 17980 138394 9602
PROGRAM ACTIVITIES								
 NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE NUMBER OF IN-PATIENT DAYS - ACUTE CARE NUMBER OF BIRTHS NUMBER OF ADMISSIONS - LONG-TERM CARE NUMBER OF PATIENT DAYS - LONG-TERM CARE NUMBER OF EMERGENCY ROOM (ER) VISITS 	22570 113083 3447 1476 284781	23788 115370 3764 1501 290232 88885	24082 116301 3877 1501 290232 91552	24457 117955 3993 1501 290232 94299	24500 118000 4000 1510 290300 95000	24500 118000 4000 1510 290300 95000	24500 118000 4000 1510 290300 95000	24500 118000 4000 1510 290300 95000
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS	55,869 288,624 32	62,266 316,796 33	63,511 323,094 34	64,781 329,556 34	66,077 336,146 35	66,076 344, 194 36	67,397 351,076 36	67,397 351,076 36
TOTAL PROGRAM REVENUES	344,525	379,095	386,639	394,371	402,258	410,306	418,509	418,509
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
SPECIAL FUNDS	344,525	379,095	386,639	394,371	402,258	410,306	418,509	418,509
TOTAL PROGRAM REVENUES	344,525	379,095	386,639	394,371	402,258	410,306	418,509	418,509

A. STATEMENT OF PROGRAM OBJECTIVES

To sustain and enhance both the levels of service and the quality of care for the communities we serve in the most cost-effective fashion. HHSC operates the primary acute care hospitals on the neighbor islands, and, in many instances, provides the only in-patient acute hospital services and only long term care services in rural Hawaii locations. The facilities of the HHSC include: Hilo Medical Center, Honokaa, and Kau (East Hawaii Region); Kona Community Hospital and Kohala (West Hawaii Region); Maui Memorial Medical Center, Lanai and Kula (Maui Region); Leahi and Maluhia (Oahu Region); West Kauai Medical Center/Kauai Veterans Memorial Hospital and Samuel Mahelona Memorial Hospital (Kauai Region).

B. <u>DESCRIPTION OF REQUESTS AND COMPLIANCE WITH SECTION</u> 37-68(1)(A)(B)

Biennium budget request to increase the special fund ceiling by \$46,983,063 in FY 08 and \$70,789,063 in FY 09. This is needed due to expenditures incurred for the conversion of Kula, Hale Ho'ola Hamakua, and Samuel Mahelona Memorial hospitals to critical access hospital status; hospitalist programs at Hilo, Maui, and Kona; operate new med/surg wing at Maui Memorial; providing physicians for specialty coverage; etc. Also, based on R-C Management Hospital Inflation index for 2008 and 2009, the inflations rates are ranging from a low 3.60% to a high 6.70% in certain categories, like pharmaceutical drugs.

To correct health and life safety code deficiencies for all HHSC facilities a lump sum CIP request of \$10,000,000 in FY 08 and \$10,000,000 in FY 09 is being requested. Failure to fully fund the minimum of HHSC's life safety code needs for FY 08 and FY 09 will potentially put patients, visitors and staff in

jeopardy plus it will put some facilities in jeopardy of loss of accreditation and associated funding.

Additional general funds of \$1,500,000 in FY 08 and \$1,500,000 in FY 09 will be utilized to incorporate Kahuku Hospital into HHSC. It is unknown at this time whether the \$1.5 million per year in general funds will be sufficient to sustain operations of Kahuku Hospital. After due diligence on both operational deficits and potential liabilities, HHSC will provide updated information to the Administration and the Legislature so the appropriate decision can be made.

C. DESCRIPTION OF ACTIVITIES PERFORMED

Corporation. The major activities carried out by the HHSC Corporation include policy formulation, hospital system governance, business development, quality assurance, strategic direction, planning and coordination, financial management, legal counsel, personnel management, materials management, information systems, and technical services to support its community hospitals.

Facilities. The major activities and service provided by the twelve community facilities constitute the primary hospital acute care provider on the neighbor islands, and, in most instances, the only in-patient hospital services in rural locations. Acute inpatient services include surgical, medical, critical care, obstetrics, pediatric, and psychiatric care. Outpatient care services include ambulatory surgery, home health, and emergency room services. Clinical services include nursing, anesthesiology, central supply, radiology, oncology, pathology, respiratory therapy, physical and occupational therapy, social services,

pharmacy, and dietary. Support services include administration, admitting, business, personnel, data processing, medical records, logistics, housekeeping, and maintenance.

D. STATEMENT OF KEY POLICIES PURSUED

Dedication to excellence in providing accessible, comprehensive health care services that are quality driven, customer-focused, and cost effective. In addition, the facilities strive to provide this care with a dedication to quality standards maintained through JCAHO accreditation, where appropriate, Medicare/Medicaid certifications, and State licensure and health professional standards.

E. IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIPS

Executive management is provided to the HHSC through the Corporation Board, President and CEO and corporation staff. Regional management and advice is provided through five regional Chief Executive Officers. Each works with other hospitals, health care organizations, State government agencies and the Legislature, and the community. Advice on operations is provided by five Management Advisory Committees (MACs), an Executive Management Advisory Committee (composed of the Chairs of the five regional (MACs) and a Physicians Advisory Group (PAG).

F. <u>DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE</u> PROGRAM

Significant external trends having potential impact on HHSC include, but are not limited to:

The evolution of managed care and the constant changes in the federal and state Medicare and Medicaid/QUEST programs. Inherent in this is the

trend to reduce in-patient and emergency room utilization and reimbursement plus both the related need to provide higher intensity hospital services for those patients served.

The increasing competition for health care resources including limited reimbursement dollars, the need for qualified health care professionals, and the encroachment of national, organizations into the state, including the neighbor islands.

Most severe current trend is necessity for paying physicians to provide emergency physician services and specialty physician on-call services at HHSC's ten emergency departments. These costs are forecast to escalate to as much as \$15 million in FY 2008 and \$16 million in FY 2009.

The increasing costs of health care in general, and particularly in rural areas, with the related increase in the reliance on high-cost technology and complex information systems.

G. <u>DISCUSSION OF COST, EFFECTIVENESS, AND PROGRAM SIZED DATA</u> Threats to HHSC.

Labor costs constitute over 60% of the HHSC budget. HHSC costs are high compared to national averages and are higher than those of local competitors. While HHSC has been given limited authority to make memoranda of agreement and collective bargaining sub-agreements, HHSC is basically restricted from modifying salary and benefits. Pay raises for HHSC are negotiated by OCB, approved by the Administration, then appropriated by the Legislature. Requiring HHSC to pay for collective bargaining increases approved on a statewide basis from operating revenues would impose unbearable financial hardship on the system because HHSC is unable to require higher reimbursement from

commercial or government healthcare payers to cover legislated payroll increases. Pay raises from collective bargaining make it increasingly difficult for the Corporation to manage operating costs. To provide adequate cash for payments to employees required by collective bargaining agreements HHSC has requested that general fund revenues be provided to HHSC if any collective bargaining agreements are enacted.

Substantial existing liabilities (\$150 million or more) of the former DOH Division of Community Hospitals were passed to HHSC when the Corporation was formed in 1996. These liabilities include inflated fringe benefit payments for insufficient pension funding, prior worker's compensation liabilities, prior accrual of employee benefits, overpayment reimbursements to the federal government, and over \$45 million in deferred maintenance and repair of facilities. The ability to pay for these liabilities, which were incurred prior to creation of HHSC, is critical to the future success of HHSC. HHSC has taken aggressive management actions to cope with these liabilities such as active management, including negotiated settlements, of millions of dollars of workers compensation claims to reduce prior claims liabilities and contracting for several millions of energy conservation performance contracting projects that will enable HHSC to achieve substantial modernization of facilities at no increase in operating costs. Existing safety and operational shortfalls of HHSC facilities comprise the largest dollar value of liabilities existing prior to November 1996.

HHSC inherited from the Department of Health (DOH) the responsibility of providing "free" or underreimbursed services to the public as well as the

obligation to provide quality health in rural areas. Termination of these services is not allowed under Act 262 nor necessarily advisable as this would offer virtually no options for the poor, needy, and court directed cases; plus rural communities would be terribly disadvantaged if HHSC was not there to provide their healthcare services.

H. DISCUSSION OF PROGRAM REVENUE

Fund sources are general funds and revenues generated by providing services deposited into the special funds account. Investment income may be generated from excess funds as they become available. Grant funds and donations may be made directly to HHSC or to the Hawaii Health Systems Foundation (HHSF), a subsidiary of the HHSC created to support HHSC.

I. SUMMARY OF ANALYSIS PERFORMED

See Part G.

J. FURTHER CONSIDERATIONS

None.

PROGRAM ID:

HTH420

PROGRAM STRUCTURE NO. 050301

PROGRAM TITLE:

ADULT MENTAL HEALTH - OUTPATIENT

		IN DOLI	_ARS			IN IMOUS	24ND2	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	200.50*	200.50*	200.50*	200.50*	200.5*	200.5*	200.5*	200.5*
PERSONAL SERVICES	17,250,226	17,311,751	19,425,184	19,821,458	19,822	19,822	19,822	19,822
OTHER CURRENT EXPENSES	60,580,661	68,310,885	78,439,180	78,439,180	78,439	78,439	78,439	78,439
EQUIPMENT	26,800	10,800	86,992	10,800	10	10	10	10
TOTAL OPERATING COST	77,857,687	85,633,436	97,951,356	98,271,438	98,271	98,271	98,271	98,271
BY MEANS OF FINANCING								
	200.50*		200.50*	200.50*	200.5*	200.5*	200.5*	200.5*
GENERAL FUND	61,561,900	61,607,425	73,925,345	74,245,427	74,245	74,245	74,245	74,245
SPECIAL FUND	14,652,757	22,382,981	22,382,981	22,382,981	22,383	22,383	22,383	22,383
	*	*	*	*¦	*	*	*	*
OTHER FED. FUNDS	1,643,030	1,643,030	1,643,030	1,643,030	1,643	1,643	1,643	1,643
TOTAL POSITIONS	200.50*	200.50*	200.50*	200.50*	200.50*	200.50*	200.50*	200.50*
TOTAL PROGRAM COST	77,857,687	85,633,436	97,951,356	98,271,438	98,271	98,271	98,271	98,271
	=========			=======================================				=========

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH420
PROGRAM STRUCTURE: 050301
PROGRAM TITLE: ADULT MENTAL HEALTH - OUTPATIENT

	FY							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS	2000 00	2000 07			2000 .0			
1. % CONSUMERS AT A HIGH INTENSITY FUNCTIONAL LEVEL 2. % CONSUMERS AT A MODERATE INTENSITY FUNCTNIL LEVEL 3. % OF CONSUMERS AT A LOW INTENSITY FUNCTIONAL LEVEL 4. PERCENTAGE OF CONSUMERS ARRESTED 5. PERCENTAGE OF CONSUMERS LIVING INDEPENDENTLY 6. PERCENTAGE OF CONSUMERS EMPLOYED 7. PERCENTAGE OF SATISFIED CONSUMERS	12	12	12	12	12	12	12	12
	2	77	77	77	77	77	77	77
	11	11	11	11	11	11	11	11
	4	4	4	4	4	4	4	4
	32	40	40	40	40	40	40	40
	23	25	25	25	25	25	25	25
	85	85	85	85	85	85	85	85
PROGRAM TARGET GROUPS 1. NO. CONSUMERS W/SEVERE MENTAL ILLNESS NEEDG SVCS 2. NUMBER OF PERSONS WITH ACUTE MENTAL HEALTH CRISIS	24684	24994	25000	25000	25000	25000	25000	25000
	6800	6800	6800	6800	6800	6800	6800	6800
PROGRAM ACTIVITIES 1. NO. OF CONSUMERS SERVED: OUTPATIENT SERVICES 2. # CONSUMERS SERVED: ASSERTIVE COMMUNITY TRTMT SVS 3. NO. OF CONSUMERS SERVED: CLUBHOUSE REHAB SVCS 4. NUMBER OF NEW ADMISSIONS 5. NUMBER OF DISCHARGES 6. NUMBER OF INDIVIDUALS PLACED IN COMMUNITY HOUSING 7. NO. OF CONSUMERS SERVED: CRISIS INTERVENTION SVCS	3600	3600	3600	3600	3600	3600	3600	3600
	719	800	800	800	800	800	800	800
	958	1000	1000	1000	1000	1000	1000	1000
	3343	3400	3400	3400	3400	3400	3400	3400
	3305	3400	3300	3300	3300	3300	3300	3300
	370	370	370	370	370	370	370	370
	3448	3500	3500	3500	3500	3500	3500	3500
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	1,310	1,310	1,310	1,310	1,310	1,310	1,310	1,310
	10,596	10,596	10,596	10,596	10,596	10,596	10,596	10,596
	11,906	11,906	11,906	11,906	11,906	11,906	11,906	11,906
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	11,906	11,906	11,906	11,906	11,906	11,906	11,906	11,906
	11,906	11,906	11,906	11,906	11,906	11,906	11,906	11,906

A. Statement of Program Objective

Reduce the severity of disability due to mental illness through provision of community-based services including goal-oriented outpatient services, case management services, rehabilitation services, crisis intervention services, and community housing opportunities.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

- Request for additional funds to provide contracted mental health services state-wide (0.00/10,000,000 A; 0.00/10,000,000 A).
- Request for additional funds for 64.00 temporary positions and operating funds to address the monitoring and workload increase due to the increase in clients requiring mental health services (0.00/1,393,309 A; 0.00/1,713.391A).

C. Description of Activities Performed

Major activities carried out to achieve program effectiveness will continue to be performed by the Community Mental Health Centers (CMHCs), the Courts Branch, and purchase of service (POS) providers.

- Outpatient and Case Management Services An assessment/evaluation is performed for each person entering the mental health system and a treatment/recovery plan is prepared. Case management services assist people to achieve success in community living by providing linkages to appropriate programs.
- Psychosocial Rehabilitation This program is designed to help a person learn to rehabilitate in the community. Research is showing that rehabilitation services are one of the cornerstones of effective community placement.
- Residential Services A broad spectrum of housing options ranging from highly structured supervised facilities to totally independent residences and supported housing continue to be developed.
- 4. Treatment Services Four levels of treatment services are provided including inpatient services, specialized residential, intensive outpatient services, and outpatient services.

- Crisis Services These services ensure that individuals experiencing acute and severe
 mental health problems receive prompt, intensive, and focused services designed to
 assess, stabilize, and provide linkage to other services as appropriate.
- Accreditation The Adult Mental Health Division (AMHD) has developed policies and
 procedures in keeping with national standards that results in the systems and standards of
 care that are consistent with best practices and the Commission on Accreditation of
 Rehabilitation Facilities (CARF) requirements.
- Billing AMHD is participating in the State's QUEST program and is also actively
 pursing all other sources of revenue from third parties including the Medicaid
 Rehabilitation Option (MRO).
- 8. Management Information Systems Client and service data are maintained for evaluating and improving services. The Behavioral Health Information System (BHIS) is being converted to the Avatar system. The Avatar system will allow for the maintenance of electronic medical records. An information system has also been implemented to authorize services and process claims from Purchase of Service (POS) providers.

D. Statement of Key Policies Pursued

- 1. Improve the accessibility, availability, and acceptability of services.
- Ensure and oversee the provision of quality comprehensive mental health services and the maintenance of national accreditation of the CMHCs.
- Continued input from community and other human service deliverers in identifying needs and problems and working together to solve identified problems.
- Increasing collaboration and contractual agreements with the private sector and providers of needed, specialized services.
- 5. Continued utilization of revenue generated to refine programs and services provided.

E. Identification of Important Program Relationships

- 1. The AMHD maintained interagency relationships with the Hawaii Public Housing Authority, the Department of Public Safety, and the University of Hawaii.
- The Department of Human Services (DHS) to facilitate referrals, placements, and services of eligible persons under the QUEST program and the Medicaid Rehabilitation Option (MRO).
- 3. General hospitals licensed as psychiatric inpatient facilities in relation to the appropriate kinds of patients to be cared for by each.
- 4. Circuit, District, and Family Courts relative to the admission and discharge of involuntary patients and transfers to correctional facilities.
- National accreditation organizations relative to the accreditation of mental health services and increasing ability to recoup revenues.

F. Description of Major External Trends Affecting the Program

- 1. Fiscal constraints at the Federal level.
- The influence of the Federal government in shaping the direction of programs and public policy including the President's New Freedom Commission and Community Mental Health Services Block Grant requirements.
- 3. Policies and procedures established within other agencies.
- 4. DHS's changes to Medicaid including AMHD providing services to all Medicaid eligible consumers with severe and persistent mental illness.
- 5. Fluctuations in the supply of appropriately qualified technical, professional, and paraprofessional staff relative to mental health services.
- 6. Impact of the "ice" epidemic on persons with severe and persistent mental illness.

G. Discussion of Cost, Effectiveness, and Program Size Data

Discrepancies between the previously planned levels and those actually achieved reflected in the cost data are due to the significant expansion of community-based services being purchased to support individuals discharged and diverted from Hawaii State Hospital (HSH). There is also a continuing need for contracted inpatient services for individuals transferred or diverted from HSH.

Cost data for the planning period is based upon further expansion of community-based services to meet the needs of individuals being discharged and diverted from HSH. During the upcoming budget period, differences in cost are primarily attributed to the extent resources are made available. As a result of changes to the eligibility criteria, the number of people being served is continuing to increase.

H. Discussion of Program Revenue

Active pursuit of all sources of revenue for the provision of mental health services is continuing, including implementation of the MRO. The conversion of BHIS to Avatar will result in a more efficient and effective billing and collection process for the CMHCs.

I. Summary of Analysis Performed

None.

J. Further Considerations

There is a continuing need to maintain consumers in the community by supplying adequate services to completely support the consumers. Limited resources have curtailed the CMHC's ability to provide the level of case management services that are required to meet consumer to staff ratios. The cost of appropriate residential, community support, and structured psychosocial rehabilitation services cost considerably less that the cost of hospitalization.

PROGRAM ID:

HTH430

PROGRAM STRUCTURE NO. 050302

PROGRAM TITLE:

ADULT MENTAL HEALTH - INPATIENT

		IN DOLL	ARS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
CURRENT LEASE PAYMENTS OTHER CURRENT EXPENSES MOTOR VEHICLE	76,796 32,260	76,796 32,260	76,796 32,260	76,796 32,260	77 32	77 32	77 32	77 32
TOTAL CURRENT LEASE PAYMENTS C	109,056	109,056	109,056	109,056	109	109	109	109
BY MEANS OF FINANCING GENERAL FUND	109,056	109,056	109,056	109,056	109	109	109	109
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES EQUIPMENT MOTOR VEHICLE	627.50* 27,844,687 21,012,071 428,000 27,500	627.50* 27,825,835 21,617,955	636.50* 30,747,598 21,482,785 1,999,820	636.50* 30,747,598 21,482,785	636.5* 30,748 21,482	636.5* 30,748 21,482	636.5* 30,748 21,482	636.5* 30,748 21,482
TOTAL OPERATING COST	49,312,258	49,443,790	54,230,203	52,230,383	52,230 ======	52,230	52,230 ======	52,230
BY MEANS OF FINANCING GENERAL FUND	627.50* 49,312,258	627.50* 49,443,790	636.50* 54,230,203	636.50* 52,230,383	636.5* 52,230	636.5* 52,230	636.5* 52,230	636. <i>5</i> * 52,230
CAPITAL IMPROVEMENT COSTS PLANS DESIGN CONSTRUCTION	375,000 2,012,000	125,000 2,471,000 2,126,000	1,000 3,827,000	1,000 2,999,000				
TOTAL CAPITAL EXPENDITURES	2,387,000	4,722,000	3,828,000	3,000,000				
BY MEANS OF FINANCING G.O. BONDS	2,387,000	4,722,000	3,828,000	3,000,000				
TOTAL POSITIONS TOTAL PROGRAM COST	627.50* 51,808,314	627.50* 54,274,846	636.50* 58,167,259	636.50* 55,339,439	636.50* 52,339	636.50* 52,339	636.50* 52,339	636.50* 52,339

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH430
PROGRAM STRUCTURE: D50302
PROGRAM TITLE: HTH430
D50302
ADULT MENTAL HEALTH - INPATIENT

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % OF PATIENTS DISCHARGED TO COMMUNITY-BASED SVCS 2. % TREATED/DISCH W/CONTIN COMMUN TENURE > 12 MONS	56	60	60	60	60	60	60	60
	17	20	20	20	20	20	20	20
PROGRAM TARGET GROUPS 1. NUMBER OF PENAL COMMITMENT PATIENTS 2. NUMBER OF CIVIL COMMITMENT PATIENTS	193	175	190	190	190	190	190	190
	15	18	15	15	15	15	15	15
PROGRAM ACTIVITIES 1. NUMBER OF NEW ADMISSIONS 2. NUMBER OF READMISSIONS 3. NUMBER OF DISCHARGES 4. NUMBER OF FORENSIC/COURT-ORDERED ADMISSIONS 5. NO. OF PATIENTS RECEIVING SVCS IN THE REHAB UNITS	97	100	100	100	100	100	100	100
	111	90	110	110	110	110	110	110
	202	190	200	200	200	200	200	200
	206	180	205	205	205	205	205	205
	420	360	380	380	380	380	380	380
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	164	164	164	164	164	164	164	164
	164	164	164	164	164	164	164	1 64
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS TOTAL PROGRAM REVENUES	164	164	164	164	164	164	164	164
	164	1 64	164	164	164	164	1 6 4	164

HTH 430: ADULT MENTAL HEALTH - INPATIENT

A. Statement of Program Objectives

Reduce the severity of disability due to severe mental illness through provision of inpatient care with the ultimate goal of community integration.

B. Description of request and Compliance with Section 37-68(1)(A)(B)

- 1. Request to add 6.00 permanent positions and transfer \$255,337 from Other Current Expenses to Personal Services for mental illness/substance abuse specialist positions (6.00/0 A for each year of the biennium).
- 2. Request to add funds for expansion/upgrading of Hawaii State Hospital's (HSH) security management system (0.00/1,999,820 A for FY 08).
- 3. Request to add 3.00 permanent positions and transfer \$81,578 from Other Current Expenses to Personal Services for positions for the laboratory unit (3.00/0 A for each year of the biennium).
- 4. Request to add funds for increased electricity expenses (0.00/261,745A for each year of the biennium).
- CIP request for repairs and improvements to various HSH buildings (3,000,000 C for each year of the biennium).

C. Description of Activities Performed

HSH provides specialized inpatient treatment for adults with severe and persistent mental illness (SPMI) at the acute and sub-acute rehabilitative levels of care. Each of the units provides individualized treatment plans to address issues of SPMI and to build needed skills that will support self directed recovery and permit the individual to live successfully in the community. Special programs/service elements are directed toward patients that are mentally ill and substance abusers, mentally ill and developmentally disabled, and the forensic patient's special clinical and legal challenges.

1. Provides a safe, structured environment to evaluate and stabilize patients who are newly admitted, acutely disorganized, assaultive, or suicidal. It further assures the

- public's safety through its facilities that are appropriately designed and maintained, including the capability to ensure that a security management system is in place and up to date.
- 2. Continues the biological stabilization of acutely ill patients after admission and begins the psychosocial interventions that are person-centered, strength based, and recovery oriented, including addressing needed medical, dental, and physical health interventions. Supplying the necessary social and legal supports to permit interventions to achieve longer range goals in less restrictive units and community settings and ensuring adequate facilities to ensure and sustain current levels of care.
- Implements a specific comprehensive program of psychosocial rehabilitation aimed
 at SPMI patients with multiple admissions and community placement failures by
 involving them as participants in their own rehabilitation rather than as chronic
 custodial care patients.
- 4. Focuses on psychosocial rehabilitation for successful community reintegration.
- Provides a structural and secure rehabilitation setting for patients SPMI and antisocial behavior, creating an environment that is safe, supportive and focused on the patient's recovery needs.
- Treatment of medically frail patients, as well as providing medical, dental, and other related specialty clinics and services to the patients on all units.

D. Statement of Key Policies Pursued

- Admit only those individuals that are court ordered or SPMI patients needing an
 acute hospital level of care and place other referrals in a safe and appropriate, less
 restrictive setting.
- Systematically improve the quality of services (e.g. Mental Illness/Substance Abuse and Laboratory) provided to patients using a Performance Improvement philosophy and approach that bases decision upon data, evidence, and implementation upon staff input and empowerment with accountability for performance.
- Discharge patients to the least restrictive environment as soon as further hospitalization is no longer needed.
- Maintain accreditation by the Joint Commission on Accreditation of Healthcare organizations (JCAHO) and licensed in accordance with State licensing requirements.
- 5. Collaborate with the Community Mental Health Centers and other community

- treatment teams to provide services across the continuum of care for the patients served by HSH.
- 6. Continue to act on the established Master Plan which will serve as the framework for the logical development of the HSH facilities to assure quality patient care well into the future. The quality challenge of the future is to continue to meet needed improvements and repairs that are needed at the facility without compromising patient care, security, and public safety.
- The State Plan mandates that patient care be at the highest level of quality that can be provided.

E. Identification of Important Program Relationships

- Circuit, District, and Family Courts are important referral sources of SPMI patients appropriate for placement within the continuum of care provided by the Adult Mental Health Division (AMHD) and specifically for inpatient psychiatric admission.
- Community general hospitals with inpatient psychiatric facilities and psychiatric hospitals are also important referral sources of patients for appropriate placement within the continuum of care provided by AMHD and possibly to inpatient services at HSH.
- 3. The HSH and the AMHD are formally no longer subject to federal government oversight, pursuant to the DOJ lawsuit. The expectation of the Court is the State of Hawaii will sustain the level of gains obtained during federal government oversight. Doing the required repairs and improvements in a timely manner will help to assure the gains made over the years continue to be maintained into the future while we plan, design, and build a new facility as outlined in the Master Plan. This is also a key factor in assuring that the State is serious about sustaining the levels of gain over the years. HSH is accredited by the JCAHO and continues to maintain this accreditation, which is considered essential in sustaining the gains made as well as the impact on licensing of the hospital.
- 4. The Department of Public Safety (PSD) cares for some SPMI patients while they are being adjudicated, HSH coordinates and collaborates with and accepts patient, through court commitment, as transfer.

F. Description of Major External Trends Affecting the Program

HSH continues a dialog with the Judiciary and other stakeholders, which we hope is resulting in a more efficient use of hospital resources while maintaining public safety.

G. Discussion of Cost, Effectiveness, and Program Size Data

A new facility is years away and the only way to maintain the current level of care is through addressing the needed repairs and critical improvements to the existing facilities on the grounds of the HSH. The hospital is attempting to be proactive in addressing the areas in need of repair or improvement in an effort to reduce cost over the long term. A repair or improvement done today is less costly than not doing it and having to replace it in the future. The newest of the buildings and facilities on the grounds of the hospital were constructed in late 1980's and opened in the early 1990's. Those building will deteriorate if not repaired and maintained appropriately. The oldest buildings are vintage 1940's buildings and are in constant need of repairs and improvements just to keep them functional.

H. Discussion of Program Revenue

The implementation by AMHD of the new Avatar System will assist in revenue collection.

I. Summary of Analysis Performed

The implementation of the Remedial Plan will continue to be the basis for any major program changes at HSH.

J. Further Considerations

The continued enhancement and expansion of community-based services to allow alternatives to maintaining patients in an inpatient setting is the key to continued success in the future. The costs of appropriate community-based services are significantly less than the cost of hospitalization.

PROGRAM ID:

HTH440

PROGRAM STRUCTURE NO. 050303

PROGRAM TITLE:

ALCOHOL & DRUG ABUSE

		IN DOLL	_ARS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	28.00*	28.00*	28.00*	28.00*	28.0*	28.0*	28.0*	28.0*
PERSONAL SERVICES	1,626,387	1,731,586	1,755,209	1,755,209	1,755	1,755	1,755	1,755
OTHER CURRENT EXPENSES	22,854,309	27,767,359	28,757,567	29,514,859	29,515	29,515	29,515	29,515
TOTAL OPERATING COST	24,480,696	29,498,945	30,512,776	31,270,068	31,270	31,270	31,270	31,270
					******	*****		=======================================
BY MEANS OF FINANCING				!				
	22.00*	22.00*	22.00*	22.00*	22.0*	22.0*	22.0*	22.0*
GENERAL FUND	13,470,829	18,489,078	19,352,909	20,110,201	20,111	20,111	20,111	20,111
SPECIAL FUND	150,000	150,000	300,000	300,000	300	300	300	300
	6.00*	6.00*	6.00*	6.00*	6.0*	6.0*	6.0*	6.0*
OTHER FED. FUNDS	10,859,867	10,859,867	10,859,867	10,859,867	10,859	10,859	10,859	10,859
TOTAL POSITIONS	28.00*	28.00*	28.00*	28.00*	28.00*	28.00*	28.00*	28.00*
TOTAL PROGRAM COST	24,480,696	29,498,945	30,512,776	31,270,068	31,270	31,270	31.270	31,270
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PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH440
50303
ALCOHOL AND DRUG ABUSE

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS								
1. PERCENT OF CLIENTS COMPLETING TREATMENT 2. PERCENT OF NATIVE HAWAIIANS COMPLETING TREATMENT 3. % OF INJECTION DRUG USERS COMPLETING TREATMENT 4. % CLIENTS REDUCED FREQ OF USE AT 6 MO FRM TRTMT 5. % CLIENTS RPTNG NO NEW ARRESTS AT 6 MON FROM TRTMT 6. % OF TRAINING ATTENDEES REPTG TRNG WAS BENEFICIAL 7. # SPEC TRTMT FACIL & THERAPEUTIC LIVG PROGS ACCRED 8. # SUBS AB COUN/CLIN SUP/PREVNTN SPEC/PROG ADM CERT 9. NO. OF INDIVIDUALS COMPLETING PREVENTION SERVICES 10. % RANDMLY SLCTD VENDORS NOT SELL TOBACCO TO MINORS	44 44 26 68 81 99 20 45 69000 94.1	45 41 30 75 78 99 20 45 69000	49 45 25 75 87 99 20 45 69000 80	49 45 25 75 87 99 20 45 69000 80	49 45 25 75 87 99 20 45 69000	49 45 25 75 87 99 20 45 69000 80	49 45 25 75 87 99 20 45 69000	49 45 25 75 87 99 20 45 69000 80
PROGRAM TARGET GROUPS 1. PERSONS IN NEED OF SUBSTANCE ABUSE TREATMENT 2. CONTRACTED PREVNTION & TREATMENT SERVICE PROVIDERS 3. TRAINEES RECEIVING CONTINUING EDUC APPROVED UNITS 4. # SPEC TRIMT FACIL/THERAP LIVG PROGS REQURG ACCRED 5. # PERSONS APPLYG FOR CERTIF AS SUBST AB PROFESSNLS 6. NUMBER OF INDIVIDUALS NEEDING PREVENTION SERVICES 7. TOBACCO VENDORS	106242	106242	106242	106242	106242	106242	106242	106242
	35	23	25	25	25	25	25	25
	563	525	525	525	525	525	525	525
	20	20	20	20	20	20	20	20
	200	200	200	200	200	200	200	200
	320000	320000	320000	320000	320000	320000	320000	320000
	1036	1036	1036	1036	1036	1036	1036	1036
PROGRAM ACTIVITIES 1. NUMBER OF PERSONS RECEIVING TREATMENT 2. # SUBST ABUSE PRV/TRTMT CONTRACTS REQUIRG MONITORG 3. # PERS RECVG SUBST ABUSE TRNG CONT ED APPRVD UNITS 4. # SPEC TRT FACIL/THERP LIVG PRGS RVIEWD FOR ACCRD 5. # APPLICS REVWD ELIG FOR SUB AB PROFSSNL CERTIFCTN 6. # SUB AB COUN/CLIN SUP/PRV SPC/PRG ADM EXAMS CNDCT 7. NUMBER OF INDIVIDUALS RECEIVING PREVENTION SVCS 8. # TOBACC VENDORS COMPL W/LAWS PROHB SALE TO MINORS	5371	4500	6000	6000	6000	6000	6000	6000
	116	116	116	116	116	116	116	116
	563	2247	2247	2247	2247	2247	2247	2247
	20	20	20	20	20	20	20	20
	200	200	200	200	200	200	200	200
	200	200	200	200	200	200	200	200
	69500	69500	69500	69500	69500	69500	69500	69500
	221	221	221	221	221	221	221	221
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL FINES, FORFEITS AND PENALTIES TOTAL PROGRAM REVENUES	7,346	7,867	7,889	7,889	7,597	7,597	7,597	7,597
	275	159	150	150	150	150	150	150
	7,621	8,026	8,039	8,039	7,747	7,747	7,747	7,747
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	7,621	8,026	8,039	8,039	7,747	7,747	7,747	7,747
	7,621	8,026	8,039	8,039	7,747	7,747	7,747	7,747

A. Statement of Program Objectives

To provide leadership in reducing the severity and disabling effects related to alcohol and other drug use, abuse, and dependence by ensuring the implementation of current needs assessments, policy formulation, and quality assurance functions and by assuring an effective, accessible, public/private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health enhancing choices regarding the use of alcohol and other drugs.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

The requests are: 1) to continue general funding, as appropriated by Act 268/SLH 2006, in order to maintain adolescent school-based substance abuse treatment programs for middle and intermediate schools statewide; 2) to transfer the Program Specialist IV (#117897) from HTH440/HD (Alcohol and Drug Abuse Division Administration) to HTH440/HR (Community & Consultative Services—CCS) to appropriately realign the position with responsibilities and functions of the CCS Branch; and 3) to increase the appropriation ceiling of the Drug Demand Reduction Assessment (DDRA) Special Fund from \$150,000 to \$300,000 which will add available resources to support the Department's efforts to ameliorate the impact of substance abuse on individuals, families, and the community.

C. Description of Activities Performed

Major activities include a wide range of adult and adolescent substance abuse prevention and treatment services that are provided by private, non-profit substance abuse agencies which respond to the State's procurement for services pursuant to Chapter 103F, *Hawaii Revised Statutes*.

Substance abuse treatment services involve addressing addiction and relapse issues to prevent or interrupt the dependence and relapse cycle. Structured continuing aftercare services are provided to maintain treatment gains and to continue the client's program of change to achieve a drug-free lifestyle by affecting the physical, psychological, social and familial and spiritual aspects of one's life. Treatment services include adult residential, intensive outpatient, outpatient, non-medical residential detoxification, methadone maintenance, adolescent residential and adolescent school-based outpatient services. Populations of particular emphasis continue to be pregnant women, parenting women with children, adolescents, injection drug users, Native Hawaiians and adult criminal justice offenders.

Substance abuse <u>prevention</u> is the promotion of constructive lifestyles and norms that discourage alcohol and other drug use and the development of social and physical

environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation. Substance abuse prevention efforts also seek to reduce risk factors or to enhance protective factors in the individual/peer, family, school and community domains. (Risk factors are those characteristics or attributes of a person, their family, peers, school or environment that have been associated with a higher susceptibility to problems such as alcohol and other drug abuse. Protective factors are those psychological, behavioral, family and social characteristics that can insulate children and youth from the effects of risk factors that are present in their environment.

Other activities include developing requests for proposals, processing contracts, monitoring of service delivery, fiscal management, evaluating outcomes and providing technical assistance to service provider agencies. Training services include development, implementation and updating of a statewide substance abuse workforce development training plan, completion of training assessments annually, and the development of training sites and curricula.

D. Statement of Key Policies Pursued

- Improve the service capacity (accessibility and availability) of the state to adequately address the various needs of communities regarding substance abuse treatment and prevention services.
- Ensure and oversee the provision of effective, efficient and comprehensive substance abuse services across the State.
- Continue to improve data collection systems to ensure accurate collection and analysis
 of program and contract data to better assess measures of effectiveness and other
 service outcomes.
- Continue to sponsor a range of program evaluation, needs assessment and research
 efforts to maintain a current understanding of community needs and problems.
- Develop contractual or collaborative agreements with other public and private sector agencies to improve the coordination and efficient use of limited resources to support needed substance abuse services.

E. Identification of Important Program Relationships

- Other State agencies—Departments of Human Services, Education, Public Safety and Attorney General; State Procurement Office; the University of Hawaii; and community colleges.
- 2. County agencies—Hawaii, Kauai, Maui and City and County of Honolulu.
- 3. Private health and social service agencies that provide substance abuse prevention and treatment services via the state procurement process.

 Federal agencies—U.S. Department of Health and Human Services Substance Abuse, Mental Health Services Administration (SAMHSA); and U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP).

F. Description of Major External Trends Affecting the Program

Major trends affecting the program include social and economic conditions which alter accustomed patterns of living producing increased emotional stress on individuals and families resulting in a greater demand for substance abuse services; increased availability of drugs, including marijuana and crystal methamphetamine; increased numbers of drug exposed infants; risk of HIV infection among substance abusing populations; increased state and federal focus on accountability outcome objective monitoring; and the federal government's influence in shaping the direction of substance abuse programs and public policy.

G. Discussion of Cost, Effectiveness, and Program Size Data

ADAD has implemented performance based treatment contracts to increase accountability for funds and to ensure that funds are used for face-to-face substance abuse treatment by agencies. The Management Information System (MIS) enables ADAD to link fiscal, client data, and contract information. The data from this system provides ADAD with profiles of clients in treatment, as well as the outcome of treatment services received. Data collected include client admission, discharge and follow-up information that is submitted by contracted treatment agencies for each client receiving treatment services. Six months after the client has been discharged from treatment services information is gathered that assesses general treatment outcomes. These measures include percentage of clients employed in school or training; percentage of clients with no new arrests; percentage of clients with no substance use; percentage of clients with no hospitalization; percentage of clients with no need for clients with no psychological distress since discharge; and percentage of clients who are in stable living arrangements.

Adolescent and adult substance abuse treatment programs achieve significant results.

During FY 2006, six-month follow-ups were completed for a sample of 954 adolescents. Outcomes for the sample are as follows: 94.3% were employed, or enrolled in school or vocational training; 84.1% had no arrests since discharge; 44.2% had no substance use in 30 days prior to follow-up; 83.4% had no new substance abuse treatment; 92.6% had no hospitalizations; 89.7% had no emergency room visits; 68.1% had no psychological distress since discharge; and 96.8% were in stable living arrangements.

Also during FY 2006, six-month follow-ups were completed for a sample of 1,608 adults. Outcomes for the sample are as follows: 48.4% were employed, or enrolled in school or vocational training; 79.6% had no arrests since discharge; 64.1% had no substance use in 30 days prior to follow-up; 69.3% had no new substance abuse treatment; 82.3% had no hospitalizations; 80.8% had no emergency room visits; 39.5% participated in self-help group (NA, AA, etc.) activities; 73.3% had no psychological distress since discharge; and 86.6% were in stable living arrangements.

It is interesting to note that while additional resources have been provided to expand adult and adolescent services statewide, the following assessments continue to document higher levels of service needs in comparison to current funding levels:

The <u>1998 Hawaii Adult Household Survey</u> findings indicate that over 82,000 adults in Hawaii are in need of treatment. Currently, the Division has the ability to fund treatment for approximately 2,700 clients.

The <u>2003 Hawaii Student Alcohol and Drug Use Survey</u> findings indicate that 0.5% of 6th graders, 3.1% of 8th graders, 10.5% of 10th graders, and 16.3% of 12th graders—or approximately 7,826 students statewide—meet the criteria for needing alcohol and/or drug treatment. Currently, the Division has funds to treat approximately 1,700 students in grades 6 through 12 who meet the criteria for needing substance abuse treatment.

H. <u>Discussion of Program Revenues</u>

The Substance Abuse Prevention and Treatment Block Grant provides a major portion of the federal funds for this program and funding is anticipated to continue at its present level for the near future. OJJDP also provides additional federal resources to support substance abuse prevention initiatives.

I. Summary of Analysis Performed

None.

J. Further Considerations

Congress continues to reduce the appropriations for programs and projects funded as grants and cooperative agreements through both SAMHSA and OJJDP. Requiring set asides and the implementation of various service specific initiatives has also contributed to the reduced flexibility of the federal grant programs.

PROGRAM ID:

HTH460

PROGRAM STRUCTURE NO. 050304

PROGRAM STRUCTURE NO. USUS

CHILD & ADOLESCENT MENTAL HEALTH

FY2005-06 163.50*	FY2006-07 	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
	162 50*						
44 000 407	103.70*	211.50*	211.50*	211.5*	211.5*	211.5*	211.5*
11,280,106	12,527,915	13,396,506	13,396,506	13,397	13,397	13,397	13,397
54,202,673	53,648,210	55,164,949	55,176,991	55,175	55,175	55,175	55,175
, ,	31,500	31,500	31,500	32	32	32	32
65,482,779	66,207,625	68,592,955	68,604,997	68,604	68,604	68,604	68,604
ين من	***********		***********			501 ACK 1007 1207 500 500 100 TOD	
163.50*	163.50*	194.50*	194.50*	194.5*	194.5*	194.5*	194.5*
49,970,774	50,387,520	51,139,700	51,139,700	51,139	51,13 9	51,139	51,139
*	*	17.00*	17.00*	17.0*	17.0*	17.0*	17.0*
12,530,867	12,530,867	12,636,965	12,636,965	12,637	12,637	12,637	12,637
*	*	*	*	*	*	*	*
731,138	1,039,238	2,555,977	2,568,019	2,568	2,568	2,568	2,568
*	*	*	*	*	*	*	*
2,250,000	2,250,000	2,260,313	2,260,313	2,260	2,260	2,260	2,260
163.50*	163.50*	211.50*	211.50*	211.50*	211.50*	211.50*	211.50*
	66,207,625	68,592,955	68,604,997	68,604	68,604	68,604	68,604
	54,202,673	54,202,673 53,648,210 31,500 	54,202,673 53,648,210 31,500 31,500 65,482,779 66,207,625 68,592,955 163.50* 163.50* 194.50* 49,970,774 50,387,520 17.00* 12,530,867 12,530,867 12,530,867 12,530,867 12,636,965 * 731,138 1,039,238 2,555,977 2,250,000 2,250,000 2,260,313 163.50* 163.50* 163.50* 65,482,779 66,207,625 68,592,955	54,202,673 53,648,210 55,164,949 55,176,991 31,500	54,202,673 53,648,210 55,164,949 55,176,991 55,175 31,500 31,500 31,500 32 65,482,779 66,207,625 68,592,955 68,604,997 68,604 163.50* 163.50* 194.50* 194.50* 194.5* 49,970,774 50,387,520 51,139,700 51,139,700 51,139 12,530,867 12,530,867 12,636,965 12,636,965 12,637 * * * * * 731,138 1,039,238 2,555,977 2,568,019 2,568 2,250,000 2,250,000 2,260,313 2,260,313 2,260 163.50* 163.50* 211.50* 211.50* 211.50* 65,482,779 66,207,625 68,592,955 68,604,997 68,604	54,202,673 53,648,210 55,164,949 55,176,991 55,175 55,175 31,500 31,500 31,500 31,500 32 32 65,482,779 66,207,625 68,592,955 68,604,997 68,604 68,604 163.50* 194.50* 194.50* 194.5* 194.5* 49,970,774 50,387,520 51,139,700 51,139,700 51,139 51,139 12,530,867 12,530,867 12,636,965 12,636,965 12,637 12,637 12,531,138 1,039,238 2,555,977 2,568,019 2,568 2,568 2,250,000 2,250,000 2,260,313 2,260,313 2,260 2,260 163.50* 163.50* 211.50* 211.50* 211.50* 211.50* 65,482,779 66,207,625 68,592,955 68,604,997 68,604 68,604	54,202,673 53,648,210 55,164,949 55,176,991 55,175 55,175 55,175 31,500 31,500 31,500 31,500 32 32 32 65,482,779 66,207,625 68,592,955 68,604,997 68,604 68,604 68,604 163.50* 163.50* 194.50* 194.50* 194.5* 194.5* 194.5* 49,970,774 50,387,520 51,139,700 51,139,700 51,139 51,139 51,139 12,530,867 12,530,867 12,636,965 12,636,965 12,637 12,637 12,637 731,138 1,039,238 2,555,977 2,568,019 2,568 2,568 2,568 2,250,000 2,250,000 2,260,313 2,260,313 2,260 2,260 2,260 163.50* 163.50* 211.50* 211.50* 211.50* 211.50* 211.50* 211.50* 65,482,779 66,207,625 68,592,955 68,604,997 68,604 68,604 68,604 68,604

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH460
50304
CHILD AND ADOLESCENT MENTAL HEALTH

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS								
1. PERCENT OF YOUTHS ADMITTED TO RESIDENTIAL PROGRAMS 2. AVE LENGTH STAY (DAYS) CHDRNYOUTH IN RESDNTL PRGM 3. % REGIS YOUTHS SHOWNG IMPRVMT BY CAFAS OR CBCL 4. % OF DIRECT SVC EXP FOR WHICH FED REIMB WERE RECVD 5. PERCENT OF YOUTH UNSERVED FOR MORE THAN 30 DAYS 6. % YOUTHS W/SVC MISMATCHES FOR MORE THAN 30 DAYS 7. % COMPLEX INTNL REVIEWS ACHIEVE PERFMCE RATING 85% 8. PERCENT OF PURCHASE-OF-SERVICE PROGRAMS MONITORED 9. NO. HRS DEV TO STAFF TRNG/DEV IN EVIDENCE-BASD SVC 10. HRS TRNG/DEV OF OUTSDE PROV IN EVIDENCE-BASED SVC	15 179 66 6.6 .005 .6 85 100 369.75 293.5	15 205 67 6.6 1 2 85 100 380 350	15 205 67 6.6 1 2 85 100 380 350	15 205 67 6.6 1 2 85 100 400 400	15 205 67 6.6 1 2 85 100 400 400	15 205 67 6.6 1 2 85 100 400 400	15 205 67 6.6 1 2 85 100 400 400	15 205 67 6.6 1 2 85 100 400
PROGRAM TARGET GROUPS 1. # CHRN/YOUTH IDENTIF UNDER IND W/DISAB ACT/SEC 504 2. # CHDRN IDENTIFIED BY CAMHD AS QUALIF FOR HI QUEST 3. NO. OF CHILDREN AND YOUTH IN RESIDENTIAL PROGRAMS 4. # CHDRN/YOUTH RESIDNG IN HI FROM 3 - 21 YEARS AGE 5. NUMBER OF PURCHASE-OF-SERVICE PROGRAMS	1904	2000	2000	2000	2000	2000	2000	2000
	1105	1155	1155	1155	1155	1155	1155	1155
	529	500	500	500	500	500	500	500
	335000	335000	335000	335000	335000	335000	335000	335000
	39	35	35	35	35	35	35	35
PROGRAM ACTIVITIES 1. # CHDRN/YOUTH RECV SVCS IN HOSPITAL-BASED RES PROG 2. # CHRN/YOUTH RECV SVC NON-HOSPITAL-BASED RES PROG 3. # CHDRN/YOUTH RECVING HOME & COMMUNITY BASED SVCS 4. TOTAL AMOUNT (IN 1000'S) BILLED FOR SVCS PROVIDED 5. # OF PURCHASE-OF-SERVICE PROGRAMS TO BE MONITORED 6. TOTAL NO. OF HOURS DEVOTED TO STAFF TRNG & DEVELOP 7. TOTAL NO. OF HOURS DEVOTED TO TRNG OUTSIDE PROVDRS	56	75	75	75	75	75	75	75
	473	500	500	500	500	500	500	500
	2051	2060	2060	2060	2060	2060	2060	2060
	43137	44000	44000	44000	44000	44000	44000	44000
	39	35	35	35	35	35	35	35
	373.25	400	400	450	450	450	450	450
	293.50	300	300	300	300	300	300	300
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	352	278	62	62	62	62	62	62
	2,280	3,154	3,348	3,360	3,022	2,831	1,831	1,831
	3,474	2,832	2,832	2,832	2,832	2,832	2,832	2,832
	6,106	6,264	6,242	6,254	5,916	5,725	4,725	4,725
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	6,106	6,264	6,242	6,254	5,916	5,725	4,725	4,725
	6,106	6,264	6,242	6,254	5,916	5,725	4,7 25	4,725

A. Statement of Program Objectives

To improve the emotional well being of children and adolescents and to preserve and strengthen the family-focused, community-based system of care that addresses the physical, social, emotional, and other developmental needs within the least restrictive environment.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

- Convert temporary positions to permanent to assist recruitment and staff retention (31.00/0 A; 31.00/0 A); (17.00/0 B; 17.00/0 B).
- Increase federal ceiling for Ho'omohala grant (0.00/1,516,739 N; 0.00/1,528,781N).

C. Description of Activities Performed

Services are provided by eight branches and the central administrative office. The central office assures a comprehensive array of services and that contracted services are provided as expected. The Clinical Services Office disseminates and evaluates the application of evidence-based services across the state. The Performance Management Office oversees the credentialing, certification and monitoring of provider agencies, operates the Grievance Office and oversees the Division Quality Assurance and Improvement Program. The Central Administrative Services manage Medicaid claims billing, contracts management, personnel, accounting, and claims review processes. Staff in the seven branches, Family Guidance Centers, provide intake assessments and intensive case management services while procuring needed treatments from the contracted provider array. Staff in the Family Court Liaison Branch provides riskfor-harm screening, mental health assessments, and treatment services for adolescents entering the Detention Home or Hawaii Youth Correctional Facility. The CAMHD operates as a managed care, Behavioral Health Organization for the Medicaid eligible population.

D. Statement of Key Policies Pursued

The CAMHD maintains services as a qualified Medicaid managed care plan. As such the program adheres to the strict federal requirements as monitored and evaluated by an external quality review organization.

E. Identification of Important Program Relationships

The Department of Education (DOE) and the CAMHD collaborate to provide a comprehensive system of education and behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities.

The Department of Human Services and CAMHD collaborate to provide behavioral services for QUEST and Medicaid Fee-For-Service youth determined to be in need of intensive mental health services. The CAMHD maintains provider service contracts with mental health providers statewide. The CAMHD has grant awards through The Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services. The CAMHD collaborates with the Hawaii State Judiciary for indicated mental health services for youth.

F. Description of Major External Trends Affecting the Program

Major trends affecting the program are: (1) social and economic conditions which create undue mental stress on families, making them less able to deal with their dependents and responsibilities resulting in an increased demand for mental health services; (2) The ready availability of qualified mental health professionals through the civil service recruitment process; (4) DOE and Department of Health, via CAMHD, joint responsibility for children and adolescents in public school requiring mental health services to benefit from their education; (5) operating requirements as a Medicaid Managed Care Health plan; (6) provider cost increases.

G. Discussion of Cost, Effectiveness, and Program Size Data

Costs: In FY06, program costs were approximately \$59.5 million. The General Fund Budget was approximately \$50 million. The CAMHD is dependent upon significant reimbursements from MedQUEST to meet service demands.

Effectiveness: The CAMHD maintains comprehensive performance indicators that are published quarterly. The majority of performance goals have been consistently met or exceeded. Measures that did not meet targeted performance thresholds have required the implementation of improvement strategies. Program size data: In the last quarter of FY06, the served population was 1,904 youth. Annual quarterly average increased by 4% from FY05.

H. Discussion of Program Revenue

The program receives revenue from two significant sources: Medical Assistance and Administration (Title XIX, SSA); and Medicaid cost reimbursements. The FY 06 revenue was about \$4 million. This does not include a pending reconciliation of the (low) captitated rate reimbursement to the Medicaid fee-for-service rates.

Summary of Analysis Performed

The program has not completed a special analytical study that would support a substantial change in program services.

J. Further Considerations

None.

PROGRAM ID:

HTH495

PROGRAM STRUCTURE NO. 050305

PROGRAM TITLE:

BEHAVIORAL HEALTH ADMINISTRATION

		IN DOLL	ARS			IN IHOUS	SANUS	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	65.00*	65.00*	68.00*	68.00*	68.0*	68.0*	68.0*	68.0*
PERSONAL SERVICES	6,136,050	6,136,628	7,335,351	7,335,351	7,335	7,335	7,335	7,335
OTHER CURRENT EXPENSES	3,018,704	3,018,704	4,973,329	4,973,329	4,973	4,973	4,973	4,973
EQUIPMENT	18,000	36,300	141,636	137,636	138	138	138	138
TOTAL OPERATING COST	9,172,754	9,191,632	12,450,316	12,446,316	12,446	12,446	12,446	12,446
			*********				=======	
BY MEANS OF FINANCING				1				
	65.00*	65.00*	68.00*	68.00*	68.0*	68.0*	68.0*	68.0*
GENERAL FUND	7,668,255	7,687,133	7,945,817	7,941,817	7,942	7,942	7,942	7,942
	*	*	*	*	*	*	*	*
OTHER FED. FUNDS	1,504,499	1,504,499	4,504,499	4,504,499	4,504	4,504	4,504	4,504
TOTAL POSITIONS	65.00*	65.00*	68.00*	68.00*	68.00*	68.00*	68.00*	68.00*
TOTAL PROGRAM COST	9,172,754	9,191,632	12,450,316	12,446,316	12,446	12,446	12,446	12,446
					=======	=======		*******

STATE OF HAWAII

PERFORMANCE MEASURES AND PROGRAM REVENUES

REPORT P62

PROGRAM ID: HTH495
PROGRAM STRUCTURE: 050305
PROGRAM TITLE: BEHAVIORAL HEALTH ADMINISTRATION

	FY							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. PERCENT OF PURCHASE-OF-SERVICE PROGRAMS MONITORED	100	100	100	100	100	1.00	100	100
PROGRAM TARGET GROUPS 1. RESIDENT POPULATION 2. NUMBER OF PERSONS IN NEED OF TREATMENT 3. NUMBER OF PURCHASE-OF-SERVICE PROGRAMS	1262840	1275200	1275200	1275200	1275200	1275200	1275200	1275200
	24684	24994	25000	25000	25000	25000	25000	25000
	35	47	50	50	50	50	50	50
PROGRAM ACTIVITIES 1. NO. OF PURCHASE-OF-SERVICE PROGRAMS TO BE MONITORD 2. TOTAL NO. OF HOURS DEVOTED TO STAFF TRNG/DEVELPMNT 3. TOTAL NO. OF HOURS DEVOTED TO TRNG OUTSIDE PROVDRS	35	47	47	47	47	47	47	47
	200	200	200	200	200	200	200	200
	100	100	100	100	100	100	100	100

A. Statement of Program Objective

To enhance program effectiveness and efficiency by formulating policies; directing operations and personnel; and providing other administrative services in the areas of Adult Mental Health inpatient and outpatient services.

B. <u>Description of Request and Compliance with Section 37-68(A)(B)</u>

- 1. A request for 3.00 permanent positions and funds to provide essential and specialized clinical support as a part of the Adult Mental Health Division Administration (3.00/137,412A; 133,412A).
- A transfer of funds to HTH 730 to fund the Suicide Prevention Coordinator within the Injury Prevention & Control Branch (0.00/31,868A in each year of the biennium).
- 3. A request for 10.00 temporary positions and to increase the federal fund expenditure ceiling by \$3,000,000 to accommodate the recent grant award for the Hawaii Mental Health Transformation State Incentive Grant (0.00/3,000,000N in each year).

C. Description of Activities Performed

Major activities carried out in this program focus on the formulation and implementation of policies; planning; identification of needs; programming, allocation and distribution of resources; overall management of programs and facilities; administration of the approved expenditure plan, budgeting, standards, quality assurance, monitoring, information systems, training, and staff development in job-related skills; and the provision of consultation, technical assistance and logistical support on a statewide basis.

D. Statement of Key Policies Pursued

 The expansion and enhancement of non-institutional alternatives to institutional care considering both treatment and domiciliary needs of consumers.

- Maintenance of input from residents, consumers, and other public and private human services providers with an emphasis on the community as the primary locus of treatment to improve efforts in meeting community needs and the service delivery system.
- Facilitation of contractual agreements with other public and private sectors to maximize the utilization of existing resources.
- Expansion of third party revenues including implementation of the Medicaid Rehabilitation Option (MRO) to support community services.
- Reduce the criminalization of persons with severe and persistent mental illness (SPMI) by supporting mental health courts and by providing jail diversion programs statewide.
- National accreditation of outpatient and inpatient services for adults with SPMI. Accreditation serves to raise the levels of efficiency and effectiveness in the management and operations of programs and facilities, services, care, staff performance, and the service delivery system towards improving the accessibility, availability, and acceptability of services and facilities to residents.
- Continued implementation and refinement of a computerized information system that is used to authorize services and process claims for payment.

E. Identification of Important Program Relationships

 State Agencies: (a) Department of Human Services relative to Medicaid and QUEST coverage of psychiatric services, social services entitlement, financial assistance, and vocational rehabilitation services (b) Department of Public Safety relative to the care of adults with SPMI while they are being adjudicated (c) University of Hawaii relative to the provision of direct services, joint training of mental health professionals and paraprofessionals, and research in the area of mental health.

- 2. National accreditation organizations relative to the accreditation of outpatient and inpatient services.
- General Hospitals licensed as psychiatric facilities concerned with licensure and monitoring of standards.

F. Description of Major External Trends Affecting the Program

- 1. Fiscal constraints at the Federal level.
- 2. The cost effectiveness of programs and services.
- 3. The availability of technical, professional and paraprofessional manpower.
- The shift towards managed care will continue to affect the provision of mental health services.
- The Federal government's ongoing influence in shaping the direction, priorities, and policy of public programs including the President's New Freedom Commission and Community Mental Health Services Block Grant requirements.
- Natural disasters and severe economic and social conditions create emotional stress on families and individuals resulting in an increased demand for mental health services.

G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

The Adult Mental Health Division will have increased responsibilities during the coming biennium because of the continued expansion of community-based services provided by contracted providers.

H. Discussion of Program Revenue

Revenues will continue to be collected primarily from Medicaid, Medicare, QUEST, and other private third-party health insurance carriers. The continued refinement of the MRO is also expected to steadily increase the amount of revenue being collected.

I. Summary of Analysis Performed

None.

J. Further Considerations

There is a need to maintain consumers in the community by expanding and enhancing community-based behavioral health services. The cost of appropriate residential and other community-based services is considerably less than the cost of hospitalization.

PROGRAM ID:

HTH610

PROGRAM STRUCTURE NO. 050401

PROGRAM TITLE:

ENVIRONMENTAL HEALTH SERVICES

	IN DOLLAI	RS			IN IHOUS	ANDS	
FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
156.00*	155.00*	155.00*	155.00*	155.0*	155.0*	155.0*	155.0*
7,146,109	7,097,622	7,615,351	7,622,780	7,623	7,623	7,623	7,623
			1,146,698	1,148	1,148	1,148	1,148
228,200				228	228	228	228
8,521,007	8,472,520	8,990,249	8,997,678	8,999	8,999	8,999	8,999
139.00*	139.00*	139.00*	139.00*	139.0*	139.0*	139.0*	139.0*
6,890,882	6,892,270	7,305,280	7,312,709	7,314	7,314	7,314	7,314
8.00*	7.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*
944,184	894,309	991,853	991,853	992	992	992	992
7.00*	7.00*	6.00*	6.00*	6.0*	6.0*	6.0*	6.0*
594,682	594,682	594,682	594,682	595	595	595	595
2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*
91,259	91,259	98,434	98,434	98	98	98	98
156.00*	155.00*	155.00*	155.00*	155.00*	155.00*	155.00*	155.00*
8,521,007	8,472,520	8,990,249	8,997,678	8,999	8,999	8,999	8,999
	FY2005-06 156.00* 7,146,109 1,146,698 228,200 8,521,007 139.00* 6,890,882 8.00* 944,184 7.00* 594,682 2.00* 91,259	FY2005-06 FY2006-07 156.00* 155.00* 7,146,109 7,097,622 1,146,698 1,146,698 228,200 228,200 8,521,007 8,472,520	FY2005-06 FY2006-07 FY2007-08 156.00* 155.00* 155.00* 7,146,109 7,097,622 7,615,351 1,146,698 1,146,698 1,146,698 228,200 228,200 228,200 8,521,007 8,472,520 8,990,249 300* 7,00* 8,00* 8,00* 7,00* 8,00* 944,184 894,309 991,853 7,00* 7,00* 6,00* 594,682 594,682 594,682 2,00* 2,00* 2,00* 91,259 91,259 98,434	FY2005-06 FY2006-07 FY2007-08 FY2008-09 156.00* 155.00* 155.00* 155.00* 7,146,109 7,097,622 7,615,351 7,622,780 1,146,698 1,146,698 1,146,698 1,146,698 228,200 228,200 228,200 228,200 8,521,007 8,472,520 8,990,249 8,997,678 800* 7,305,280 7,312,709 8.00* 8.00* 944,184 894,309 991,853 991,853 70,853 7,00* 7,00* 6.00* 6.00* 6.00* 594,682 594,682 594,682 594,682 594,682 2,00* 2,00* 2,00* 2,00* 98,434 156.00* 155.00* 155.00* 8,997,678	FY2005-06 FY2006-07 FY2007-08 FY2008-09 FY2009-10 156.00* 155.00* 155.00* 155.00* 155.00* 7,146,109 7,097,622 7,615,351 7,622,780 7,623 1,146,698 1,146,698 1,146,698 1,146,698 1,146,698 1,148 228,200 228,200 228,200 228,200 228,200 228,200 8,521,007 8,472,520 8,990,249 8,997,678 8,999 139.00* 139.00* 139.00* 139.00* 6,890,882 6,892,270 7,305,280 7,312,709 7,314 8.00* 7.00* 8.00* 8.00* 8.00* 944,184 894,309 991,853 991,853 991,853 992 7.00* 7.00* 6.00* 6.00* 6.0* 594,682 594,682 594,682 595 2.00* 2.00* 2.00* 2.00* 91,259 91,259 98,434 98,434 98 156.00* 155.00* 155.00* 8	FY2005-06 FY2006-07 FY2007-08 FY2008-09 FY2009-10 FY2010-11 156.00* 155.00* 155.00* 155.00* 155.00* 155.0* 155.0* 7,146,109 7,097,622 7,615,351 7,622,780 7,623 7,623 7,623 1,146,698 1,146,698 1,146,698 1,148 1,148 1,148 228,200 228,200 228,200 228 228 8,521,007 8,472,520 8,990,249 8,997,678 8,999 8,999 139.00* 139.00* 139.00* 139.00* 139.0* 139.0* 6,890,882 6,892,270 7,305,280 7,312,709 7,314 7,314 8.00* 7.00* 8.00* 8.00* 8.0* 8.0* 944,184 894,309 991,853 991,853 992 992 7.00* 7.00* 6.00* 6.00* 6.0* 6.0* 594,682 594,682 594,682 594,682 595 595 2.00	156.00* 155.00* 155.00* 155.00* 155.00* 155.00* 155.0* 155.0* 155.0* 155.0* 7,146,109 7,097,622 7,615,351 7,622,780 7,623 7,623 7,623 1,146,698 1,146,698 1,146,698 1,146,698 1,146,698 1,148 1,148 228,200 228,200 228,200 228,200 228,200 228,200 228 228 228 228 8,521,007 8,472,520 8,990,249 8,997,678 8,999 8,999 8,999 8,999 8,999 8,999 8,909

STATE OF HAWAII

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH610
PROGRAM STRUCTURE: DFOGRAM TITLE: HTH610
PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % OF SCHOOLS IN COMPLIANCE WITH AHERA (NRIAQ) 2. PERCENT OF MOSQUITO BREEDING SITES TREATED (VC) 3. % SMALL MAMMALS TRAPPED W/VECTOR-BORNE DIS (VC) 4. % OF SERVICE REQUESTS RESPONDED WITHIN 2 DAYS (VC) 5. % OF FOOD PRODUCTS ANALYZED NOT ADULTERATED (F&D) 6. % OF FOOD ESTABLISHMENTS THAT MEET STANDARDS (SAN) 7. % COMPLAINTS RESPND TO W/IN 2 DAYS OF RECPT (SAN) 8. PERCENT OF NOISE PERMITS IN COMPLIANCE (N&R) 9. % OF RADIATION FACILITIES IN COMPLIANCE (N&R) 10. % FOOD MANUFACTURERS/DISTRIBUTORS W/IN RULES (F&D)	99 18 38 75 90 100 81 99 37	99 20 40 80 90 98 77 99 50	95 60 5 79 90 98 77 99 50 95	95 60 5 79 90 98 77 99 50 95	95 60 5 79 90 98 77 99 50	95 60 5 79 90 98 77 99 50	95 60 5 79 90 98 77 99 50	95 60 5 79 90 98 77 99 50 95
PROGRAM TARGET GROUPS 1. # SCHLS REQUIRED TO IMPLMT ASBESTOS MGT PLAN (N&R) 2. NUMBER OF MOSQUITO BREEDING SITES (VC) 3. NO. SMALL MAMMALS TRAPPED FOR TESTING PURPOSE (VC) 4. NO. OF VECTOR SERVICE REQUESTS INVESTIGATED (VC) 5. NUMBER OF FOOD PRODUCTS SAMPLED (F&D) 6. NUMBER OF FOOD SERVICE ESTABLISHMENTS (SAN) 7. NUMBER OF SANITATION OF COMPLAINTS RECEIVED (SAN) 8. NUMBER OF NOISE PERMITS ISSUED (N&R) 9. NUMBER OF RADIATION FACILITIES (N&R) 10. NUMBER OF FOOD MANUFACTURERS/DISTRIBUTORS (F&D)	422	425	435	435	435	435	435	435
	4680	9000	9000	9000	9000	9000	9000	9000
	2574	2500	3000	3000	3000	3000	3000	3000
	4036	4500	4500	4500	4500	4500	4500	4500
	500	500	500	500	500	500	500	500
	7914	8300	10103	10103	10103	10103	10103	10103
	1561	1600	2037	2037	2037	2037	2037	2037
	479	475	400	400	400	400	400	400
	1084	1090	1111	1111	1111	1111	1111	1111
	800	800	800	800	800	800	800	800
PROGRAM ACTIVITIES 1. NUMBER OF INSPECTIONS OF AHERA SOURCES (N&R) 2. NO. MOSQUITO BREEDING SITES INSPECTD & TREATD (VC) 3. NO. SMALL MAMMALS SURVEYS FOR TESTING PURPOSE (VC) 4. NUMBER OF SERVICE REQUESTS AND INSPECTIONS (VC) 5. NUMBER OF FOOD PRODUCTS ANALYZED (F&D) 6. NO. OF FOOD SERVICE ESTABLISHMENTS INSPECTED (SAN) 7. NO. OF SANITATION COMPLAINTS INVESTIGATED (SAN) 8. NUMBER OF NOISE PERMIT INSPECTIONS (N&R) 9. NO. OF INSPECTIONS OF RADIATION FACILITIES (N&R) 10. NO. FOOD MANUFACTURERS/DISTRIBUTORS INSPECTED (F&D)	33 1800 934 7000 500 7490 1500 745 86 180	35 1800 2000 7000 500 8200 1500 750 120 180	95 1800 2000 7000 500 10132 1500 750 180	95 1800 2000 7000 500 10132 1500 750 180	95 1800 2000 7000 500 10132 1500 750 180	95 1800 2000 7000 500 10132 1500 750 180	95 1800 2000 7000 500 10132 1500 750 180	95 1800 2000 7000 500 10132 1500 750 180
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	563 39 331 200 10 121 1,264	525 6 446 110 12 91	529 6 446 109 12 91 1,193	531 6 446 184 12 91 1,270	528 6 445 110 12 91 1,192	530 6 445 110 12 91 1,194	530 6 445 110 12 91 1,194	530 6 445 110 12 91 1,194
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	41	10	10	10	10	10	10	10
	1,133	1,087	1,090	1,167	1,089	1,091	1,091	1,091
	90	93	93	93	93	93	93	93
	1,264	1,190	1,193	1,270	1,192	1,194	1,194	1,194

A. Statement of Program Objectives

To protect the community from food borne illnesses, unsanitary or hazardous conditions, adulterated or misbranded products, and vector-borne diseases; and to control noise, radiation, and indoor air quality.

B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u> The budget includes the following requests:

Trade-Off/Transfer Food & Drug Inspector V (40585) in HTH 610/FP to HTH 610/FR to Establish Permanent Environmental Health Specialist IV - This request is to establish a permanent position in the Noise, Radiation & Indoor Air Quality Branch for the Radiation Program.

FY 2008	FY 2009
-(1.00)	-(1.00)
-(1.00) -54,008 A	-54,008 A
(1.00)	(1.00)
36,028 A	43,457 A

Change MOF for Environmental Health Specialist IV, Pos. No. 40632 from Federal Funds to Special Funds - This request is to change the means of funding from federal to the Asbestos & Lead Special Fund.

-(1.00)	-(1.00)
0 N	0 N
(1.00)	(1.00)
70,348 B	70,348 B

C. Description of Activities Performed

- Research and Standards: Conduct research in the areas of biological control methods for vectors, new methods for assuring the safety and sanitation of public health issues and new and improved methods and equipment for sampling and inspection activities, and develop and maintain program standards and rules reflecting the results of the research.
- Inspection: Perform inspections of food service, food establishments, radiation resources, chronic vector breeding sources, public and private dwellings, mortuaries, cemeteries, etc., to assure they do not degrade the public health or the environment of the community.

- 3. Measurement and Surveillance: Monitor the population trend of major vectors on a Statewide basis; perform surveillance of food, nonprescription drugs, therapeutic devices and cosmetics to assure that they are safe and/or effective and properly labeled; and collect and test samples of shellfish and other marine life for compliance with standards of purity and quality.
- Abatement: Control the breeding areas through the application of chemicals or biological predators and follow up on inspection and surveillance items that may pose a threat to public health or the environment.
- 5. Review: Review plans for public buildings to assure conformance with sanitation and ventilation requirements.
- Public Participation: Provide programs and information to the public to increase their awareness of the control of litter and their understanding of the Environmental Health Services rules.
- 7. Emergency Response for Radiological Emergencies.

D. Statement of Key Policies Pursued

The program focuses on the highest risks to public health and prevention. It has been the practice to utilize a public information and educational approach to motivate the public and operators towards compliance with applicable standards and regulations. Within this context, technical consultations and advice are made and given to public and private agencies or individuals regarding the correction of existing or potentially hazardous conditions and practices. These approaches are coupled with surveillance and enforcement programs for the optimum use of available resources.

E. Identification of Important Program Relationships

1. Intradepartmental

The Laboratories Division of the Department of Health provides analyses of many of the samples collected by the programs. The Disease Outbreak Control Division is a partner in dealing with vector and food borne disease outbreaks.

2. Interagency

General guidelines are established by the U.S. Food and Drug Administration and the U.S. Public Health Service. From these guidelines the programs promulgate Administrative Rules. Close coordination is maintained with the Department of Agriculture in the areas of pesticides and the labeling of food, drug, and cosmetics. U.S. EPA provides grants and requirements related to lead and asbestos. Radiological regulation and disaster preparedness involve working with many state and federal agencies, including State Civil Defense.

- F. Description of Major External Trends Affecting the Program
 Attention to environmental and public health issues in both Congress and
 Federal agencies creates an ever-changing atmosphere for the program.
 Another major force affecting the program is the growing sophistication and
 awareness of the
 general public in recent, high profile cases of emerging pathogens, food-borne
 illnesses and other diseases pathogens introduced to Hawaii from abroad
 which
 results in a greater demand for the programs to maintain their capabilities for
 research and planning, vigilance and timely response when necessary.
 Terrorism has played a significant role in raising the level of focus for the
 environmental health programs; requiring the development of plans and
 capabilities to prevent and respond to acts of terrorism, including biological,
 chemical and radiological.
- G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u> Funding reductions and restrictions have resulted in a curtailment of certain services. The Program has prioritized all services and those with the greatest potential hazard to public health are given the highest priority.
- H. Discussion of Program Revenue

Program revenues are generated from fees collected for registration, examination and licensing of embalmers, funeral establishments, tattoo artists, tattoo shops, Registered Sanitarians, permits for food establishments, temporary food establishments, and plan review; and from fines for violations of State Administrative Rules. The receipts from these activities are deposited into the Environmental Health Education Fund with any amount in excess of \$300,000 on June 30th of each year deposited into the State General Fund. Operating funds are also received from the State Department of Transportation to finance rodent control services at the Honolulu Harbor Complex. Occasionally, federal funds are made available by the U.S. Food and Drug Administration and the U.S. Environmental Protection Agency for special studies. Homeland Security provided grants for radiation response equipment.

Act 311/SLH 1998 established the Noise, Radiation, and Indoor Air Quality Special Fund into which fees for permits and variances per Chapters 342F-14, 466J-4, and 466J-5 shall now be deposited effective July 1, 1998.

- I. <u>Summary of Analysis Performed</u>
 Not applicable.
- J. <u>Further Consideration</u> None

PROGRAM ID:

HTH710

PROGRAM STRUCTURE NO. 050402

PROGRAM TITLE:

STATE LABORATORY SERVICES

		TN DOLL	ARS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13
OPERATING COST	84.00*	86.00*	86.00*	86.00*	86.0*	86.0*	86.0*	86.0*
PERSONAL SERVICES	3,661,935	3,720,715	4,029,596	4,029,596	4,030	4,030	4,030	4,030
OTHER CURRENT EXPENSES				2,643,745			2,643	2,643
EQUIPMENT	2,003,0.0		570,500	365,000	_,	2,1.2	_,	2,7.1.2
TOTAL OPERATING COST	5,347,308	6,022,120	7,400,591	7,038,341	6,673	6,673	6,673	6,673
BY MEANS OF FINANCING					•	24.2	26.20	
	84.00*	86.00*	86.00*	86.00*	86.0*	86.0*	86.0*	86.0*
GENERAL FUND	5,347,308	6,022,120	7,400,591	7,038,341	6,673	6,673	6,673	6,673
CAPITAL IMPROVEMENT COSTS								
DESIGN		35,000		į				
CONSTRUCTION		177,000						
TOTAL CAPITAL EXPENDITURES		212,000					**************************************	COS 100 200 HTG 100 005 700 100 100
BY MEANS OF FINANCING				,				
G.O. BONDS		212,000		1 1 4 1				
TOTAL POSITIONS	84.00*	86.00*	86.00*	86.00*	86.00*	86.00*	86.00*	86.00*
TOTAL PROGRAM COST	5,347,308	6,234,120	7,400,591	7,038,341	6,673	6,673	6,673	6,673

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH710
PROGRAM STRUCTURE: DFOGRAM TITLE: HTH710
STATE LABORATORY SERVICES

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS								
PERCENTAGE OF FALSE POSITIVE LAB TEST RESULTS PERCENTAGE OF FALSE NEGATIVE LAB TEST RESULTS PERCENTAGE OF REQUESTS FOR SERVICES MET % PROFICIENCY TESTS PERFRMD MEETG PROFICIENCY STDS	0 0 99 100	0 0 99 100	0 0 99 100	0 0 99 100	0 0 99 100	0 0 99 100	0 0 99 100	0 0 99 100
PROGRAM TARGET GROUPS								
 OTHER DEPARTMENT OF HEALTH PROGRAMS OTHER GOVERNMENT AGENCIES NO. CLINICAL LAB PERSONNEL APPLYING FOR LICENSURE NUMBER OF LICENSED CLINICAL LABORATORY PERSONNEL NO. OF LABS PERFORMING CLINICAL DIAGNOSTIC TESTING NO. OF LABS PERFORMING SUBSTANCE ABUSE TESTING NO. OF LABS PERFORMING ENVIRONMENTAL TESTING 	9 7 90 1420 764 3 19	9 7 90 1250 764 3 19	9 7 90 1425 764 3 19	9 7 90 1425 764 3 19	9 7 90 1425 764 3 19	9 7 90 1425 764 3 19	9 7 90 1425 764 3 19	9 7 90 1425 764 3 19
PROGRAM ACTIVITIES								
1. DRINKING WATER (WORK TIME UNITS) 2. WATER POLLUTION (WORK TIME UNITS) 3. SEXUALLY TRANSMITTED DISEASE (WORK TIME UNITS) 4. TUBERCULOSIS (WORK TIME UNITS) 5. OTHER COMMUNICABLE DISEASES (WORK TIME UNITS) 6. FOOD AND DRUGS (WORK TIME UNITS) 7. AIR POLLUTION (WORK TIME UNITS) 8. NUMBER OF LABORATORY INSPECTIONS 9. NO. OF LAB PERSONNEL RECEIVING FORMAL LAB TRAINING	474402 233310 334400 144305 1241936 313972 734216 15 108	474226 240000 320000 152000 944100 325000 779500 16 108	475000 240000 305000 145000 854000 325000 908660 15 108	475000 240000 305000 145000 854000 325000 908660 15 108	475000 240000 305000 145000 854000 325000 908660 15 108	475000 240000 305000 145000 854000 325000 908660 15 108	475000 240000 305000 145000 854000 325000 908660 15 108	475000 240000 305000 145000 854000 325000 908660 15
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
LICENSES, PERMITS, AND FEES CHARGES FOR CURRENT SERVICES	1 6	35 6	6	35 6	6	6	6	6
TOTAL PROGRAM REVENUES	7	41	6	41	6	6	6	6
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
SPECIAL FUNDS	7	41	6	41	6	6	6	6
TOTAL PROGRAM REVENUES	7	41	6	41	6	6	6	6

A. Statement of Program Objective

To enhance the effectiveness of other health programs by providing specialized laboratory services to health care facilities and departmental programs and to various official agencies.

B. Description of Requests and Compliance With Section 37-68(1)(A)(B)

- 1. Creation of a Core Molecular Diagnostic and High Hazard Receiving Facility (0.00/120,000 A; 0.00/206,000 A).
- 2. Installation of two variable speed drives on two existing chillers (0.00/222,000 A for FY 2008).
- 3. Develop testing capabilities for detection of latent TB in patients using Quantiferon TB Gold (0.00/130,000 A; 0.00/73,500 A).
- 4. Various new and replacement laboratory equipment for the Medical Microbiological Branch (0.00/153,000 A; 0.00/168,000 A).
- Upgrade the security system with a centralized access (0.00/115,000 A; 0.00/20,000 A).
- Replacement for gas chromatograph mass spectrometer (0.00/200,000 A for FY 2009).
- 7. Expand the use of Polymerase Chain Reaction (PCR) screening for viral respiratory disease and pertussis (0.00/248,250 A; 0.00/263,500 A).
- 8. Replacement for gas chromatograph used by the Food Section (0.00/240,000 A for FY 2008).
- Additional funds for increased electricity costs (0.00/218,840 A; 0.00/153.840 A).

C. <u>Description of Activities Performed</u>

- Clinical Microbiological and Serological Analyses: Provide reference/diagnostic lab services to Dept. of Health programs.
- 2. Environmental, chemical and microbiological analyses: Provide analytical

- services to the DOH Safe Drinking Water, Clean Water, Wastewater, Sanitation, Food and Drug and Clean Air Branches.
- 3. Provide microbiological analysis of food implicated in food borne disease outbreaks for the DOH Disease Outbreak Control Division.
- 4. Provide training for microbiologists, chemists and laboratory assistants. In collaboration with the National Laboratory Training Network of the Association of Public Health Laboratories, the Centers for Disease Control and Prevention and the Public Health Training Network assess and coordinate offering of laboratory training in bioterrorism, clinical and environmental analyses. The installation of two satellite dish antennas on the roof of our laboratory has added the long distance training capability to our facility. In collaboration with the University of Hawaii and the Kapiolani Community College, provide laboratory training for students enrolled in the medical technology and medical laboratory technician programs. The Environmental Health Analytical Services Branch Environmental Microbiology Section provides one-on-one training on drinking water and water pollution analyses to private and other government laboratories.
- Provide consultative services to the Environmental Health programs in formulating amendments to Hawaii Administrative Rules relating to potable water and water quality standards.
- Certify laboratories that perform compliance work for the analyses of drinking water, shellfish and milk; and drinking water purveyors that perform compliance tests for residual chlorine and turbidity.
- License clinical laboratory personnel, substance abuse testing laboratories, medical review officers and personnel performing blood alcohol measurements and the presence of drugs for driving under the influence (DUI) activities.

- Administer the statutory statewide program relating to chemical testing of blood alcohol concentrations and the presence of drugs for DUI cases.
- Adopt, amend and enforce regulatory provisions of Hawaii Administrative Rules relating to the licensing of clinical laboratory personnel; licensing of substance abuse laboratories and medical review officers; potable water testing laboratories; and DUI.

D. Statement of Key Policies Pursued

Within existing resources, the laboratory utilizes approved methodologies and corresponding stringent quality assurance practices to insure the accuracy of the results of laboratory tests that are performed in support of the various DOH programs.

E. <u>Identification of Important Program Relationships</u>

In addition to DOH programs, the program maintains professional relationships with the federal Environmental Protection Agency, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Federal Bureau of Investigation, the U. S. Army and Navy, the Agency for Toxic Substances and Disease Registry, Association of Public Health Laboratories, all State public health laboratories, clinical and environmental laboratories located in Hawaii, the Water Resources and Research Committee, all county Police and Fire Departments and Prosecutor's Office and the state Departments of the Attorney General and Transportation.

F. <u>Description of Major External Trends Affecting the Program</u>

This program is impacted by the federal Safe Drinking Water, Clean Air, Clean Water, National Pollutant Discharge Elimination System, and the Occupational Safety and Health Act. The federal laws generally phase in new regulatory

requirements which require additional program resources.

G. Discussion of Cost, Effectiveness, and Program Size Data

In addition to the Pearl City location, there are neighbor island laboratories located in Hilo, Hawaii; Wailuku, Maui; and Lihue, Kauai. In spite of recent reductions in funding, authorized personnel and budgeted equipment, the State Laboratory Services program is committed to meeting the environmental and clinical analytical needs of the DOH programs we support.

H. <u>Discussion of Program Revenue</u>

The anticipated special fund fee revenues for FY 2007 are approximately \$32,000. The license renewal term has been changed from an annual to biennial basis.

I. Summary of Analysis Performed

Not applicable.

J. Further Considerations

None

PROGRAM ID:

HTH720

PROGRAM STRUCTURE NO. 050403

PROGRAM TITLE:

HEALTH CARE ASSURANCE

		IN DOLLARS					IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13				
OPERATING COST	36.80*	38.00*	40.00*	40.00*	40.0*	40.0*	40.0*	40.0*				
PERSONAL SERVICES	2,179,291	2,398,282	2,562,070	2,584,353	2,584	2,584	2,584	2,584				
OTHER CURRENT EXPENSES	1,000,621	1,786,956	1,852,056	1,832,656	1,833	1,833	1,833	1,833				
TOTAL OPERATING COST	3,179,912	4,185,238	4,414,126	4,417,009	4,417	4,417	4,417	4,417				
	***************************************							=======				
BY MEANS OF FINANCING				1								
	19.20*	20.40*	21.90*	21.90*	21.9*	21.9*	21.9*	21.9*				
GENERAL FUND	1,263,918		1,571,480	1,564,995	1,565	1,565	1,565	1,565				
SPECIAL FUND	356,000	356,000	356,000	356,000	356	356	356	356				
	17.60*	17.60*	18.10*	18.10*¦	18.1*	18.1*	18.1*	18.1*				
OTHER FED. FUNDS	1,559,994	1,559,994	1,583,243	1,592,611	1,593	1,593	1,593	1,593				
	*	*	*	*	*	*	*	*				
INTERDEPT. TRANSFER		903,403	903,403	903,403	903	903	903	903				
TOTAL POSITIONS	36.80*	38.00*	40.00*	40.00*	40.00*	40.00*	40.00*	40.00*				
TOTAL PROGRAM COST	3,179,912	4,185,238	4,414,126	4,417,009	4,417	4,417	4,417	4,417				
TOTAL PROGRAM COST	3,179,912 ====================================	4,185,238 	4,414,126 ======	4,417,009	4,417	4,417 ======	4,417	-				

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH720
PROGRAM STRUCTURE: 050403
PROGRAM TITLE: HEALTH CARE ASSURANCE

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS 1. % FACILITIES MTG MINIMUM LICENSURE/CERTIFICATN REQ	100	100	100	100	100	100	100	100
 % OF UNLICENSED SETTINGS BROUGHT INTO COMPLIANCE % COMPLAINTS INVESTGTD & CORRECTV ACTION COMPLETED 	100 100	100 100	100 100	100 100	100 100	100 100	100 100	100 100
PROGRAM TARGET GROUPS								
HOSPITALS NURSING HOMES (SKILLED AND INTERMEDIATE)	33 50	33 50	33 50	33 50	33 50	33 50	33 50	33 50
ADULT RESIDENTIAL CARE HOMES (ARCH)/EXPÁNDED SPECIAL TREATMENT FAC/THERAPEUTIC LIVING PROGRAMS	685 55 21	685 60	685 60	685 60	6 85 60	685 60	6 85 60	6 85
5. INTERMEDIATE CARE FACILITIES/MENTALLY RETARDED	21	21	21	21	21	21	21	60 21
6. CLINICAL LABORATORIES 7. END STAGE RENAL DIALYSIS UNITS	816 19	816 19	816 20	816 20	816 20	816 20	8 16 20	816 20
DEVELOPMENTAL DISABILITIES DOMICILIARY HOMES HOME HEALTH AGENCIES	29 19	29 19	29 19	29 19	29 19	29 19	29 19	20 29 19 8
10. ASSISTED LIVING FACILITIES	8	8	8	8	8	. 8	.8	8
PROGRAM ACTIVITIES								
HOSPITAL LICENSING AND COMPLIANCE VISITS NURSING HOMES LICENSING AND COMPLIANCE VISITS	19 94	19 94	19 94	19 94	19 94	19 94	19 94	19 94
3 ARCH/EXPANDED LICENSING AND COMPLIANCE VISITS	3500 210	3500 210	3500 210	3500 210	3500 210	3500 210	3500 210	3500 210
4. SPEC TREATMT FAC/THERA LVG PROG LIC & COMPL VISITS 5. ICF/MENTALLY RETARDD LICENSING & COMPLIANCE VISITS	36 57	36	36	36	36	36	36	36
CLINICAL LABS LICENSING & COMPLIANCE VISITS ASSTD LIVING FACILITIES LICENSING & COMPLIANCE VISITS	57 5	57 5	57 5	57 5	57 5	57 5	57 5	36 57 5
DD DOMICILIARY HOMES LICENSING & COMPLIANCE VISITS HOME HEALTH AGENCIES LICENSING & COMPLIANCE VISITS	60 8	60 8	60 8	60 8	60 8	60 8	60 8	60 8
10. ENFORCEMENT ACTIVITIES FOR UNLICENSED FACIL & SVCS	150	150	150	150	150	150	150	150
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
REVENUE FROM OTHER AGENCIES: FEDERAL FINES. FORFEITS AND PENALTIES	1,544 5	1,537 1	1,537 1	1,537 1	1,537 1	1,537 1	1,537 1	1,537 1
TOTAL PROGRAM REVENUES	1,549	1,538	1,538	1,538	1,538	1,538	1,538	1,538
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)							,	
GENERAL FUNDS SPECIAL FUNDS	5 1,544	1 1,537	1 1,537	1 1,537	1 1,537	1 1,537	1 1,537	1 1,537
TOTAL PROGRAM REVENUES	1,549	1,538	1,538	1,538	1,538	1,538	1,538	1,538

A. Statement of Program Objectives

To establish and enforce minimum standards to assure the health, welfare, and safety of people in health care facilities and services.

B. Description of Requests and Compliance with section 37-68(1)(A)(B)

The budget includes the following requests:

- 1. <u>Positions and funds for training and quality improvement:</u> This request includes a Public Health Educator V and a Clerk Typist II for the training and quality improvement section to assist the current RPN V Trainer to conduct training activities for providers, staff and the community at large. The Public Health Educator will be funded .50 FTE through a Centers for Medicare & Medicaid 1864 Contract to provide training for the Medicare Section surveyors and providers, .50 FTE will be general funded to provide assistance and training for providers that are not Medicare/Medicaid certified. The position will also develop a quality improvement component to ensure consistent and quality surveys/inspections are conducted, assist in the promulgation and amendment of regulations consistent with current health care standards and best practices, and to develop patient safety committees to address medical errors and in-patient infection rates (1.50/58,222 A, 1.50/71,137 A; 0.50/23,249 N, 0.50/32,617 N).
- 2. <u>Additional funds for licensing and fire inspections:</u> Due to the need to conduct unannounced visits to adult residential care homes statewide, the State Licensing Section has seen an increase in the number of visits being required to be conducted in the neighbor islands, as well as on Oahu. Also with the decision of the County Fire Departments to discontinue annual fire inspections of health care facilities effective January 2007, the department must now take on this additional responsibility to ensure the health, safety, and welfare of residents in facilities (0.00/40,100A, 0.00/20,700 A).

C. <u>Description of Activities Performed</u>

This program promulgates/amends/updates and implements mandatory State

licensing rules for health care facilities and programs including community and residential care settings; conducts on-site inspections to determine compliance with state laws and regulations; is responsible for the implementation of the Centers for Medicare/Medicaid Services (CMS) contract to do the survey and certification activities based on Federal regulations for the purpose of determining compliance for participation in the Medicare (Title XVIII) and/or Medicaid (Title XIX) reimbursement program; issues sanctions for non-compliance activities as appropriate; and responds and investigates all complaints relative to any of the above.

D. Statement of Key Policies Pursued

The major program policy to be continued is to establish, implement and enforce minimum standards to assure the health, welfare, quality of care and safety of people in these variety of care settings.

E. Identification of Important Program Relationships

Other programs which are related to this program:

- Ongoing annual contract with CMS to implement the Federal survey and certification program for both Hawaii and the Pacific area (American Samoa, Guam, and Saipan) to enable providers to participate in the Medicare/Medicaid reimbursement program.
- Cooperative joint licensing function with the Department's Behavioral Health programs (ADAD, AMHD, and CAMHD) and on-site inspections by Department's Sanitation Branch.
- Fire safety inspections via contract with Life Safety Consultant for all licensed and federally certified providers.
- 4. Building inspections by all County Building Departments.
- Ongoing agreement with the State Department of Human Services (DHS) to do the Medicaid survey and certification program based on Federal requirements.
- Cooperative working relationship with private providers in the community and various other State Departments.

F. Description of Major External Trends Affecting the Program

- Lack of community resources to meet the needs of challenging individuals requiring care.
- Lack of timely and appropriate training opportunities for providers, staff and staff of other state entities to ensure quality care.

G. Discussion of Cost, Effectiveness, and Program Size Data

The State Licensing Section is being asked to develop creative ways to meet and maintain the important relationships described in Section E, as well as the external pressures described in Section F.

The OHCA continues to make efforts to address issues such as promulgation of rules for charging fees for licensing activities, updating all administrative rules, meeting the licensing demands of the increasing numbers of facilities, and ongoing evaluation of program efficacy and efficiency in light of current resources and demands of the community as well as statutory requirements.

H. Discussion of Program Revenue

The Program is developing regulations for charging of licensing fees. When the regulations are developed, it is anticipated that the revenues collected will be used for the purposes of training of providers and offset program expenses and not rely totally on State Revenues.

With the decision of the County Fire Departments to discontinue annual fire inspections of health care facilities effective January 2007, the department must now take on this additional responsibility to ensure the health, safety, and welfare of residents in facilities, however, the program is not able to take on this additional responsibility with the existing revenues/allocations.

I. Summary of Analysis Performed

Based on reviews conducted by the Program there is been identified the need to

provide timely and appropriate training and educational sessions to providers, staff and staff of other state entities to ensure quality care of residents in these settings. Further, in order to ensure the health, safety and welfare of all residents, the Program recognizes the need to assure that annual fire/life safety inspections are conducted.

J. Further Considerations

The OHCA recognizes the need for a unit for rules promulgation within the office and the Department. The time and effort needed to pursue this function continues to place additional burden on the existing staff, who are struggling to meet the demands to keep licensure of facilities current per HRS, and do investigations for the increasing numbers of complaints, in an effort to ensure the health and safety of those individuals residing in facilities under the purview of OHCA.

Additional staffing and resources will enable the OHCA to carry out fully its responsibilities in an efficient and timely manner, and do so in a fashion that would enhance morale and productivity of staff, while ensuring the safety, health and welfare of residents in these facilities.

PROGRAM ID:

HTH906

PROGRAM STRUCTURE NO. 050501

PROGRAM TITLE:

STATE HEALTH PLANNING & DEVELOPMENT AGEN

							THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13			
OPERATING COST	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*			
PERSONAL SERVICES	455,911	455,967	488,067	488,067	488	488	488	488			
OTHER CURRENT EXPENSES	78,051	78,051	78,051	78,051	78	78	78	78			
TOTAL OPERATING COST	533,962	534,018	566,118	566,118	566	566	566	566			
					2		20 00 00 10 20 20 20 30 10	*******			
BY MEANS OF FINANCING				1							
	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*			
GENERAL FUND	494,962	495,018	527,118	527,118	527	527	527	527			
SPECIAL FUND	39,000	39,000	39,000	39,000	39	39	39	39			
TOTAL POSITIONS	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*			
TOTAL PROGRAM COST	533,962	534,018	566,118	566,118	566	566	566	566			
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PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH906
050501
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEANURES OF FEFFOTWENESS	2005-06	2006-07	2007-08	2006-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % CERTIF OF NEED APPL DOCUMNTNG RELATIN TO HSFP 2. % OF CON APPL APPRVD BASED ON FINDGS REL TO HSFP 3. % SHCC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL 4. % SHCC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP 5. % SAC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL 6. % SAC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP 7. PERCENT OF PREVIOUS YEAR'S CON APPROVALS MONITORED 8. % HTH CARE FAC SUBM SEMI-ANN REPTS W/IN SPCFD TIME 9. % USRS RATG SEMI-ANN REPTS AS HELPFUL/VERY HELPFUL 10. NUMBER OF SPECIAL REPORTS PUBLISHED	95	95	95	95	95	95	95	95
	85	85	85	85	85	85	85	85
	25	25	25	25	25	25	25	25
	30	30	30	30	30	30	30	30
	35	35	35	35	35	35	35	35
	35	35	35	35	35	35	35	35
	100	100	100	100	100	100	100	100
	95	95	95	95	95	95	95	95
	90	90	90	90	90	90	90	90
	2	2	2	2	2	2	2	2
PROGRAM TARGET GROUPS 1. ALL THE PEOPLE OF THE STATE OF HAWAII 2. VOLUNTEERS INVOLVED IN SHCC/SUB-AREA COUNCILS 3. PUBLIC AND PRIVATE HEALTH CARE SERVICE PROVIDERS 4. HEALTH CARE RESEARCHERS, DEVELOPERS AND ANALYSTS 5. HEALTH CARE FOCUSED ASSOCIATIONS	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12
PROGRAM ACTIVITIES 1. PLNNG, RESEARCH & REVIEW ACTIV (PROF PERSON DAYS) 2. DATA MANAGEMENT ACTIVITIES (PROF PERSON DAYS) 3. HSHCC & SAC SUPPORT & TRAINING (PROF PERSON DAYS)	790	790	790	790	790	790	790	790
	212	212	212	212	212	212	212	212
	225	225	225	225	225	225	225	225
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUES FROM THE USE OF MONEY AND PROPERTY CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	7	7	7	7	7	7	7	7
	144	144	144	144	144	144	144	144
	151	151	151	151	151	151	151	151
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	<u>151</u>	151	151	151	151	151	151	151
	151	151	151	151	151	151	151	151

A. Statement of Program Objectives

Provide a statewide process that involves consumers and providers of health care in the development and implementation of a Health Services and Facilities Plan for the State of Hawaii which promotes equal access to quality health services at a reasonable cost.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

There are no budget requests at this time.

C. Description of Activities Performed

- The Agency develops a Hawaii Health Performance Plan or H2P2 (aka Hawaii Health Services and Facilities Plan, HRS 323D-15) which is the foundation document upon which all of the Agency's activities are based. It is the result of private health providers, health systems, health plans, public health entities, independent health practitioners, consumers, business and the non-profit sectors planning together for healthier communities.
- The Agency is currently updating the HSFP. The changes will reflect the three separate components of a healthcare system: acute care, long-term care, and mental health services. In addition this update will provide a more direct connection with the Certificate of Need program, which the Agency administrates.
- The Agency and its subarea health planning councils perform healthcare needs assessments on a continuing basis on the Neighbor Islands and Oahu, based on the health status of the population and access, quality and/or cost issues in the health care delivery system.
- The Agency and its subarea health planning councils identify statewide and regional priorities.
- The Agency administers the state's Certificate of Need Program for medical facilities and services in accord with the HSFP, using the criteria set forth in the statute.

- 6. The State Health Planning and Development Agency (Agency) collects, analyzes and reports certain health industry data needed by developers and planners of health care services in the State. The report features utilization data of inpatient and residential facilities (hospitals, long-term care, and special treatment facilities) statewide.
- 7. The Agency maintains a searchable database on its website to assist potential CON applicants and others who use the data.
- 8. The Agency responds to requests for studies, such as the Senate Concurrent Resolution 195.
- 9. The Agency participates on various task forces (SCR 150), committees, and workgroups (Hawaii Healthcare Workforce Collaborative, Psychiatric Access Collaborative) to foster the development of the health system of care that will give us quality outcomes.

D. Statement of Key Policies Pursued

- 1. The Hawaii Health Performance Plan (H2P2) for the State of Hawaii has both statewide and regional policy priorities. Priorities are determined through a collaborative effort entailing the health status of the population (statewide and regional); understanding the access, quality, and/or cost issues in the health care delivery system that impede health status improvements; and acknowledging changes in the environment, health care delivery system or other related situations.
- 2. H2P2 is used as a guide for establishing the need for proposed health services and facilities requiring a Certificate. Institutional and community agencies use threshold guides for the development of new, modified or expanded health care facilities and services.

E. Identification of Important Program Relationships

The Agency's H2P2 is relevant to several state initiatives. However, the Agency's major customers are the private sector health providers and health plans, many of

whom have integrated H2P2 into their own strategic plans. Further, with the positioning of Hawaii as an international health and wellness destination, H2P2 provides core market data to implement such an initiative.

F. Description of Major External Trends Affecting the Program

- 1. Changes in the health insurance reimbursement methods and trends in the delivery of care; i.e., ambulatory care.
- 2. New developments in technology will shape future successes in medical research, pharmaceuticals, information and medical technology.
- 3. National shortages in trained health professionals, physicians, nurses, and other non-physician professionals.
- 4. The increasing rate of an aging population that will be older and ethnically diverse.
- 5. The continuing concerns regarding rural health care access and quality of care issues
- 6. The development of Hawaii as the health and wellness center of the Pacific.

G. Discussion of Cost, Effectiveness, and Program Size Data

The Agency partners with the private sector in order to facilitate the health care industry's growth and development. The CON program allows the private sector to add what is needed at minimal adverse impact on the healthcare system.

From a cost effectiveness standpoint, the Agency, with a staff of eight, has produced meaningful outcomes for our second largest industry, health care. The Agency is able to manage the review time of certificate of need applications within the statutory required response time 100% of the time. Secondly, the Agency is updating H2P2 by the development of collaboratives with the private health industry, thereby keeping our costs to a minimum.

The subarea health planning councils are implementing H2P2 for the benefit of their communities. They include: 1) the successful formation of an Asthma

Coalition in Windward Oahu in partnership with the community/local health providers resulting in a completed study on patient education in the emergency setting; Dental Coalitions on Maui and Kauai that resulted in much needed legislation that has greatly improved access to dental care in our Federally Qualified Health Centers; 2) the Agency assisted in the establishment of the development of the Hawaii Healthcare Workforce Collaborative; 3) the Agency started a new series of discussions on the development of a Family Medicine Residency in Hilo. The Dept. of Family Medicine at the John A. Burns School of Medicine received a federal planning grant and is holding substantive talks on implementation of the residency in Hilo. 4) By developing and maintaining a searchable utilization database on our website, we assist the private sector in the development of CON applications. This has been done completely with existing staff and no new monies.

H. Discussion of Program Revenue

In 1999, the Legislature required the Agency to assess fees as appropriate for the Certification program. The Legislature deleted \$29,000 in general funds from the budget and asked the Agency to make up the deficit in special fund revenue. For the first time in history, the Agency implemented a modest application fee for the Certification program. After going through the required administrative rule making process, the fee was implemented in July 2000. The Agency has been able to generate enough revenue to cover the special fund target set by the Legislature.

I. Summary of Analysis Performed

The H2P2 represents an analysis of the health care industry in Hawaii based on outcomes. It was the result of a partnership between communities statewide and the health care industry. The Plan is a living document of refinement and implementation.

J. Further Considerations

None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH760

PROGRAM STRUCTURE NO. 050502

PROGRAM TITLE:

HEALTH STATUS MONITORING

		IN DOLLAI	RS		IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
OPERATING COST	28.00*	28.00*	29.00*	29.00*	29.0*	29.0*	29.0*	29.0*	
PERSONAL SERVICES	1,395,339	1,473,769	1,602,043	1,610,472	1,610	1,610	1,610	1,610	
OTHER CURRENT EXPENSES	742,116	664,047	944,547	774,047	774	774	774	774	
EQUIPMENT	15,500	15,500	42,500	15,500	15	15	15	15	
TOTAL OPERATING COST	2,152,955	2,153,316	2,589,090	2,400,019	2,399	2,399	2,399	2,399	
		=			3 3 1 1 3 4 6 6 6		COCK SOUR COCK SOUR SAME SOON SOUR SOUR		
BY MEANS OF FINANCING				ļ					
	26.00*	26.00*	26.00*	26.00*	26.0*	26.0*	26.0*	26.0*	
GENERAL FUND	1,505,741	1,506,102	1,602,768	1,602,768	1,602	1,602	1,602	1,602	
	*	*	*	*	*	*	*	*	
SPECIAL FUND	250,000	250,000	589,108	400,037	400	400	400	400	
	2.00*	2.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0*	
OTHER FED. FUNDS	397,214	397,214	397,214	397,214	397	397	397	397	
TOTAL POSITIONS	28.00*	28.00*	29.00*	29.00*	29.00*	29.00*	29.00*	29.00*	
TOTAL PROGRAM COST	2,152,955	2,153,316	2,589,090	2,400,019	2,399	2,399	2,399	2,399	
				,					

PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH760
PROGRAM STRUCTURE: PROGRAM TITLE: HEALTH STATUS MONITORING

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % VITAL RECORDS ISSUED WITHIN 10 DAYS FROM REQUEST 2. % OF INTERVIEWS COMPLETED (SURVEY EFFICIENCY) 3. % TARGETED RESEARCH OR STATISTICS REPORTS DISSEM	85	85	85	85	85	85	85	85
	50	50	50	50	50	50	50	50
	80	80	80	80	80	80	80	80
PROGRAM TARGET GROUPS 1. DEPARTMENT OF HEALTH PROGRAMS 2. HAWAIIANS AND OTHER ETHNIC GROUPS 3. VITAL EVENT REGISTRANTS 4. RESIDENT NON-INSTITUTIONALIZED POPULATN HOUSEHOLDS 5. ADULT POPULATION 18 AND OVER	87	87	87	87	87	87	87	87
	1289237	1308575	1328204	1348127	1368349	1388874	1402763	1416790
	90000	90000	90000	90000	90000	90000	90000	90000
	429990	436439	442986	449631	456375	463221	467853	472531
	983198	997946	1012915	1028109	1043531	1059183	1069775	1080473
PROGRAM ACTIVITIES 1. NO. OF MAJOR HEALTH STATISTICS REQUESTS FULFILLED 2. NUMBER OF HOUSEHOLDS INTERVIEWED IN HEALTH SURVEY 3. NUMBER OF VITAL EVENTS REGISTERED 4. NUMBER OF VITAL RECORD CERTIFICATES ISSUED 5. NO. NEW DATA SETS/STAT ITEMS DISSEM ELECTRONICALLY	100	100	100	100	100	100	90	80
	6000	6000	6000	6000	6000	6000	6000	6000
	60500	61000	61500	62000	62500	63000	63500	64000
	27500 0	275000	275000	275000	275000	275000	27500 0	275000
	6	6	6	6	6	6	6	6
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	985	901	901	901	901	901	901	901
	287	194	150	150	150	150	150	150
	1,047	1,255	1,255	1,255	1,255	1,255	1,255	1,255
	2,319	2,350	2,306	2,306	2,306	2,306	2,306	2,306
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS TOTAL PROGRAM REVENUES	1,743	1,906	1,906	1,906	1,906	1,906	1,906	1,906
	576	444	400	400	400	400	400	400
	2,319	2,350	2,306	2,306	2,306	2,306	2,306	2,306

A. Statement of Program Objectives

To collect, process, analyze and disseminate relevant, population-based data in a timely fashion in order to assess the health status of Hawaii's multi-ethnic population and to fulfill health statistical/legal requirements.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

The budget includes the following requests:

		<u>FY 08</u>	FY 09
1.	Increase special fund ceiling	50,000 B	100,000 B
2.	Convert temporary Research Statistician V to permanent	1.00 0 N	1.00 0 N
3.	Funds for the electronic marriage registration system	289,108 B	50,037 B

C. Description of Activities Performed

- Operate a statewide system of public health statistics including the collection, filing, amending and issuing of certified copies of birth, death, fetal death, and marriage records and other related activities.
- Provide research and statistical assistance to departmental programs in monitoring and assessing the health status of the state's population.
- Provide consultative services to departmental programs in the collection of timely and reliable health status information for planning, policy making and program budgeting.
- Conduct a statewide health survey of households to collect chronic disease and health related information in relation to the demographic, geographic, and socioeconomic characteristics of the population.
- Disseminate health status monitoring information electronically via the Department's website.

D. Statement of Key Policies Pursued

- 1. 100% registration of all births, deaths, and marriages, and issuance of certified copies upon request.
- 2. Timely and reliable population-based health status monitoring information for public health assessment, policy development, and quality assurance.

E. Identification of Important Program Relationships

The vital statistics program works closely with providers of birth and death information including hospitals and funeral homes and the medical examiners office. The Research and Analysis Program works closely with the Maternal Child Health, Immunization, birth defects and Preventive Block Grant Programs.

F. Description of Major External Trends Affecting the Program

- A cooperative program with the National Center for Health Statistics requiring current flow data from all 50 states to produce national indicators of health status.
- Demand by State and local agencies for small area (sub-islands) information on health status of residents.
- 3. Changes in federal government data standards including race classification and standard population age-adjustments for mortality estimation.

G. Discussion of Cost, Effectiveness, and Program Size Data

- More detailed health survey statistical tabulations by county is possible by increasing sample size. Additional sources of public health data, such as health insurance payments information, have been explored to meet the need for more accurate and in-depth information to meet the ever growing demand for health status data.
- 2. Fully automating the vital records system will result in:
 - a. On-line entry, checking and correction of current vital statistics certificate data through computer terminals.
 - Vital records will be accessible via indexes and certified copies will be prepared via computer.

 Response time for verification of current vital record data will take five seconds, and printing of a certified copy by computer will take 30 seconds.

H. Discussion of Program Revenue

- Fees from the issuance of certified copies of birth, death, and marriage, certificates generated \$286,242 in Calendar Year 05 for the Vital Statistics Improvement Special Fund.
- Approximately \$200,000 per year is received in contracts and grants from the federal government including the Social Security Administration and the National Center for Health Statistics, Centers for Disease Control and Prevention for the collection of vital statistics and for carrying out health surveys in support of public health programs.

Summary of Analysis Performed

The Hawaii population for the year 2005 was 1,270,000, increasing the demand for certified copies of vital events.

The vital statistics improvement special fund was established to support the continued development of an automated vital records system for the Office. It has been initially used for the conversion of paper records from 1908 into computer records. By the end of the year 2005, about 80% of all birth, death, and marriage records have been converted. The next step is to convert records prior to 1908 and to develop new software that will register and issue vital records via the Internet.

Implementation is continuing to reorganize the Office of Health Status Monitoring's organization structure to be consistent with the conversion to an automated vital statistics system and an increased focus on statistical quality control to improve productivity and efficiency in the assessment of the health status of Hawaii's population.

The current Health Survey sample size is designed to give only statewide estimates of health parameters. Most programs and agencies want data from small geographic areas, such as counties and islands. Additional funds need to be found to increase survey sample size for statistical analyses of communities.

J. Further Considerations

As the Electronic Death Registration System is fully implemented, the next program objective is to electronically register marriages and eliminate to transfer paper records from these providers to the Central Office.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH905

PROGRAM STRUCTURE NO. 050503

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES COUNCIL

		IN DOL!	LARS						
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
OPERATING COST	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*	
PERSONAL SERVICES	375,741	375,757	391,608	391,608	391	391	391	391	
OTHER CURRENT EXPENSES	185,579	185,579	204,888	204,888	205	205	205	205	
TOTAL OPERATING COST	561,320	561,336	596,496	596,496	596	596	596	596	
						###=====	=======		
BY MEANS OF FINANCING				1					
	1.50*	1.50*	1.50*	1.50*	1.5*	1.5*	1.5*	1.5*	
GENERAL FUND	99,005	99,021	134,181	134,181	134	134	134	134	
	6.50*	6.50*	6.50*	6.50*	6.5*	6.5*	6.5*	6.5*	
OTHER FED. FUNDS	462,315	462,315	462,315	462,315	462	462	462	462	
TOTAL POSITIONS	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	
TOTAL PROGRAM COST	561,320	561,336	596,496	596,496	596	596	596	596	
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PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH905
PROGRAM STRUCTURE: 050503
PROGRAM TITLE: DEVELOPMENTAL DISABILITIES COUNCIL

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN	100	25	40	50	75	100	100	100
PROGRAM TARGET GROUPS 1. INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES 2. FAMILIES OF INDIVIDUALS WITH DEV. DISABILITIES	22934	22934	23706	23940	23940	23940	23940	23940
	22934	22934	23706	23940	23940	23940	23940	23940
PROGRAM ACTIVITIES 1. # INDIV/FAM MEMB PARTIC IN PUB AWARENESS/ED/TRNING 2. NUMBER OF SYSTEMS CHANGE ACTIVITIES 3. NUMBER OF PROJECTS FUNDED/CO-SPONSORED 4. NO. LEG MEASURES IMPACTED BY COUNCIL'S ADVCY EFFRT 5. NO. ADMIN POLICIES IMPACTD BY COUNCIL'S ADVCY EFFR 6. NUMBER OF COLLABORATION/COORDINATION ACTIVITIES	0	0	500	500	500	500	500	500
	2	2	10	10	10	10	10	10
	2	2	2	2	2	2	2	2
	2	2	15	15	15	15	15	15
	2	2	2	2	2	2	2	2
	2	2	70	70	70	70	70	70
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL TOTAL PROGRAM REVENUES	512	462	462	462	462	462	462	462
	512	462	4 62	462	462	4 62	462	462
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	512	462	462	462	462	462	462	462
	512	462	462	4 62	462	462	4 62	462

A. Statement of Program Objectives

To assure that individuals with developmental disabilities (DD) and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life through culturally competent programs.

B. <u>Description of Request and Compliance with Section</u> 37-68(1)(A)(B)

The budget request adds funds to continue the Donated Dental Services Program. The program has been in operation since January 2002 pursuant to Act 155, SLH 2001 and has continued through Act 45, SLH 2004 and Act 218, SLH 2006. The DD Council has administered the contract with the National Foundation of Dentistry for the Handicapped since the beginning of the program. (0.00/19,309A; 0.00/19,309A)

C. Description of Activities Performed

The Council conducts activities to promote systemic change through policy analysis, training, implementation of projects to demonstrate new approaches and best practices, education, and policy development. Program activities include: 1) conducting analyses regarding individual budgets/residential settings for persons with DD; 2) coordinating/conducting training sessions such as legislative advocacy, Partners in Policymaking Leadership Academy, Day at the Capitol, transition of students from secondary education to adult services, individual service plan, personcentered planning, home and community-based services; 3) initiating systems change activities focusing on Hawaii's Olmstead Plan, 4) funding initiatives that address increasing options for individuals transitioning from post secondary education to higher education, vocational training or employment, and promoting the hiring of people with DD; 5) initiating legislative measures to increase residential options and provider capacity in the community, provide choice of residential settings, and continue the donated dental services program; 6) promoting interagency collaboration/coordination to better serve, support, assist, or advocate for individuals with DD and their families through the implementation of a U.S.

Administration on DD grant to implement a one-stop navigational center for individuals with DD and their families, and participating on the Olmstead Task Force; and 7) supporting activities in the community to enhance independence, productivity, and integration and inclusion of individuals with DD.

D. Statement of Key Policies Pursued

The Council's Five-Year State Plan (FY 2007-2011) for services sets the blueprint for what policies should be pursued and what services and supports should be provided including the priorities for the distribution of public funds. The plan is developed based on an analysis of federal, state and county and private agencies policies and their impact on individuals with DD, as well as input from individuals, families and other stakeholders throughout the state. Key policies pursued during the last fiscal year addressed the changes to the DD/Mental Retardation Home and Community Based Services (HCBS) waiver, consumer-directed personal assistance, donated dental services, IDEA (Individuals with Disabilities Education Act) individual budgeting, managed care, Olmstead Plan implementation, and residential settings.

E. Identification of Important Program Relationships

The Council has representation by many key individuals regarding planning and providing services for individuals with DD (Departments of Education and Health, Maternal and Child Health, Med-Quest Division, Division of Vocational Rehabilitation, Hawaii Disability Rights Center, University Center on Disability Studies, Executive Office on Aging, private service providers, individuals with DD and families). The above agencies are mandated by federal law to participate on the Council. Additionally, the Council works closely with the Department of Health, DD Division and other state, county and private organizations that provide services to persons with DD and their families. Necessary systems change is accomplished through collaboration with the key agencies to provide them support in areas that address the mission and mandates of the Council, and to provide education, training and advocacy in areas that differ from the direction set by the Council.

F. Description of Major External Trends Affecting the Program

- 1. The Olmstead Decision of 1999 prompted states to develop a plan to move people with disabilities to less restrictive settings and have waiting lists for community-based services that move at a reasonable pace. Governor Lingle accepted Hawaii's plan and initiated the Olmstead interagency Implementation Task Force to address implementation of the plan. DD Council is actively involved with the task force.
- 2. Makin II Settlement agreement signed on August 12, 2005 between the Hawaii Disability Rights Center (HDRC) and the State of Hawaii ended the HDRC v. State of Hawaii litigation. The agreement requires the state to offer Home and Community Based Services (HCBS) to people with DD who are members of the Makin Class or applying for HCBS from the Department of Health, DD Division. DD Council is actively involved with the DD Division in its implementation of the agreement through the Waiver Policy Advisory Committee.
- 3. Funding for DD services is vital in order to meet the Makin Settlement as well as implement the HCBS waiver program. DD Division's budget was increased significantly to admit individuals into the waiver program. Efforts must continue to assure that individuals who are eligible for HCBS waiver are able to access services in a timely manner and that use of funds are used efficiently and effectively. Insufficient funding to the DD Division may require the Council to pursue legislative action and other funding opportunities to assure adequate funding is available.
- 4. Act 133, SLH 1998 Hawaii's self-determination law for persons with DD specifies that the individual service plan is developed by the individual with DD and includes what needs to happen to support that person in the person's desired life along with health and safety issues, the individual controls an identified amount of dollars to accomplish the plan, and directs the provision of services and supports. The DD Division continues its efforts to implement the provisions of Act 133. The Council needs to continue to support their efforts through education and training initiatives with the DD Division and community.

G. Discussion of Cost, Effectiveness, and Program Size Data

The cost of the program is relatively low to the state in providing its 25 percent share of the federal grant. The impact for the State and for people with DD and their families is much greater than the cost. Through its advocacy, the Council assisted the State in moving the DD system toward a more effective system for supporting people with DD. The Council has consistently pursued funding opportunities to support the State's efforts in the area of family support and donated dental services.

The ability of the Council to continue to address the multitude of challenges involved with systems change is threatened by the limited amount of fiscal resources available to conduct policy analysis and continue education and training for individuals, families and providers. Although the Council's primary target group is individuals with DD and their families, the secondary target group includes policy makers who develop and implement the system of supports. This includes more than the Department of Health. The Departments of Human Services, Education, Transportation, and Legislative Branch constitute the second target group that requires a level of diversity that is difficult to maintain in a small, overextended staff.

H. Discussion of Program Revenues None.

I. Summary of Analysis Performed

The Council completed two reports required by the Legislature. The first report was pursuant to HCR 40, HD 1 –Requesting the DD Council to Continue to Convene the Residential Settings Task Force to Identify Issues and Solutions Regarding Individuals with DD and Their Choice of Residential Setting. The report included specific recommendations to amend Section 333 F-2, HRS that allows individual choice of residential setting. The second report was pursuant to Act 303, SLH 2006 that requires the Council to submit a preliminary report to the Legislature regarding the number of person with DD or mental retardation who choose to live independently as provided by this act and the financial impact of the provisions of the Act.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH907

PROGRAM STRUCTURE NO. 050504

PROGRAM TITLE:

GENERAL ADMINISTRATION

		IN DOLLARS					IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13			
OPERATING COST	118.50*	118.50*	122.50*	122.50*	122.5*	122.5*	122.5*	122.5*			
PERSONAL SERVICES			7,137,222	7,156,436	7,156	7,156	7,156	7,156			
OTHER CURRENT EXPENSES		2,489,481	2,157,674	2,157,674	2,158	2,158	2,158	2,158			
TOTAL OPERATING COST	8,734,711	8,786,842	9,294,896	9,314,110	9,314	9,314	9,314	9,314			
BY MEANS OF FINANCING											
			122.50*	122.50*	122.5*	122.5*	122.5*	122.5*			
GENERAL FUND	7,429,802	, ,	7,989,987	8,009,201	8,009	8,009	8,009	8,009			
	*	*	*	*	*	*	*	*			
OTHER FED. FUNDS	1,304,909	1,304,909	1,304,909	1,304,909	1,305	1,305	1,305	1,305			
CAPITAL IMPROVEMENT COSTS											
DESIGN	644,000	436,000	843,000	2,000							
CONSTRUCTION	1,000	4,590,000	8,650,000	5,034,000							
TOTAL CAPITAL EXPENDITURES	645,000	5,026,000	9,493,000	5,036,000		22 100 270 300 100 100 100 100					
BY MEANS OF FINANCING				ļ							
GENERAL FUND		436,000		5 000 000							
G.O. BONDS	645,000	4,590,000	9,493,000	5,036,000							
TOTAL POSITIONS	118.50*			122.50*	122.50*	122.50*	122.50*	122.50*			
TOTAL PROGRAM COST	9,379,711			14,350,110	9,314	9,314	9,314	9,314			
				!	========	2222222					

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH907
PROGRAM STRUCTURE: 050504
PROGRAM TITLE: GENERAL ADMINISTRATION

	FY	FY	FY	FY	FY	FY	FY	FY
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS 1. % OF GRIEVANCES RESOLVED (DOH - STAFF ADMIN)	92	92	92	92	92	92	92	92
PROGRAM TARGET GROUPS 1. STATEWIDE POPULATION (THOUSANDS)	1275	1275	1275	1275	1275	1275	1275	1275
PROGRAM ACTIVITIES 1. NO. OF LEG PROPOSALS TRACKED FOR INFO OR TESTIMONY 2. NO. OF GRANT APPLICATIONS PROCESSED BY OPPPD 3. NUMBER OF GRIEVANCES REGISTERED	2000 50	1000 25 50	1500 25 50	1500 25 50	1500 25 50	1500 25 50	1500 25 50	1500 25 50
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	3,834	3,812	2,744	2,744	2,744	2,744	2,744	2,744
	961	216	216	216	216	216	216	216
	4,79 5	4,028	2,960	2,960	2,960	2,960	2,960	2,960
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS TOTAL PROGRAM REVENUES	3,884	2,716	2,716	2,716	2,716	2,716	2,716	2,716
	911	1,312	244	244	244	244	244	244
	4,795	4,028	2,960	2,960	2,960	2,960	2,960	2,960

A. Statement of Program Objective

To enhance the effectiveness and efficiency of overall departmental functions by planning, formulating policies, directing operations and personnel, and by providing other administrative support.

B. Description of Request and Compliance with Section 37-68(1)(A)(B)

- Request to convert three (4) essential administrative support positions from temporary to permanent (Accountant IV, Procurement & Supply Specialist, Facilities Manager, and a Personnel Mgmt Specialist IV) (4.00/0A for each year of the biennium).
- 2. Request for additional funds to address increased electricity costs for the various Department of Health buildings on Oahu (0.00/119,595 A for each year of the biennium) and for buildings on the Big Island (0.00/20,847 A for each year of the biennium).
- 3. Request to transfer Risk Management funding to the Department of Accounting and General Services (0.00/-472,249 A for each year of the biennium).
- Request to establish a temporary Cardiovascular Program Coordinator position by transferring \$57,313 from Other Current Expenses to Personal Services (0.00/0 N for each year of the biennium).
- 5. A Capital Improvement Project (CIP) request to provide construction funds to upgrade/replace the water system on Waimano Ridge and for other building improvements (0.00/7,219,000A; 1,800,000A for each year of the biennium).
- 6. A CIP request to provide various improvements and repairs to Department of Health facilities statewide (0.00/486,000A; 3,236,000A for each year of the biennium).
- A CIP request to demolish buildings, design and construct on the Waimano Ridge site (0.00/1,788,000A in the first year only).

C. Description of Activities Performed

 All of the activities are administrative in nature and involve the development of departmental policy in short- and long-term program planning, overall management, guidance and support of personnel, physical plant facilities, and financial resources as they relate to health, safety, and general support services to the programs within the department. Included in this program area are the Office of the Director, Communications Office, Administrative Services Office, Human Resources Office, Affirmative Action Office, Health Insurance Portability and Accountability Act (HIPAA) Office, County District Health Offices of Hawaii, Maui, and Kauai, Health Information Systems Office, and the Office of Planning, Policy and Program Development.

D. Statement of Key Policies Pursued

The mission of the Department of Health is to protect and improve the health and environment for all people in Hawai'i. As a health provider of last resort, the department is tasked with ensuring that the essential health, life, and safety services that are uninsurable and that cannot or will not be provided by the private sector must necessarily be addressed by the State. Moreover, the Department recognizes that health and safety are requisites for the productivity, participation, and vitality of all of Hawaii's people, whether they are schoolaged children and youth, adults in the workforce, or elders involved in child care, long term care, community service, or part-time employment. In exercising its leadership role, the Department is steadfastly committed to empowering Hawaii's people to exercise their maximum personal responsibility for their health and well-being and to promote programs that prevent the need for future costly health and social service intervention.

E. Identification of Important Program Relationships

Program relationships span the department and involve the direct operational programs within the department. This program provides leadership, guidance, and staff support to assist the department's programs to effectively collaborate with other Federal, State, and County agencies, and private sector programs.

F. Description of Major External Trends Affecting the Program

1. This administrative program is affected by major external economic and social trends, as increased demands on programs, mandated federal oversight, accountability of resources and the services it provides, and the economy's financial strength all affect the involvement and demands on the department's management of its available resources and in turn, its total productivity. This program is essential in providing the executive and administrative support functions necessary to manage the operating programs that provide direct health services to the community.

- 2. Fiscal constraints at both the Federal and State levels.
- 3. Policies and procedures established within other agencies.
- The continuing effort to maintain compliance with the Health Insurance Portablity and Accountability Act (HIPAA).

G. Discussion of Cost, Effectiveness, and Program Size Data

The cost data reflected in the Program and Financial Plan are to maintain the present program necessary to provide continuous administrative services.

H. Discussion of Program Revenue

The program's revenue consists of federal funds from the Preventive Health and Health Services Block Grant, the Critical Access Hospital program, and the State Office of Rural Health grant.

Other revenue comes from the Administrative Cost Claiming of Title XIX (Medicaid) federal funds by conducting Random Moment Study interviews.

I. Summary of Analysis Performed

No analyses have been performed at this time.

J. Further Considerations

There is a continuing need to maintain and regularly assess the administrative support resources in relative proportion to the direct service programs. The disproportionate increase

in administrative support resources have resulted in difficulty in maintaining the department's ability to address a growing workload generated by the growth in the direct service programs.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

PROGRAM STRUCTURE NO. 06

PROGRAM TITLE: SOCIAL SERVICES

		IN DOLLA	\RS		IN THOUSANDS					
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13		
OPERATING COST	16.00*	18.00*	18.00*	18.00*	18.0*	18.0*	18.0*	18.0*		
PERSONAL SERVICES	1,951,342	2,077,054	2,153,005	2,153,005	2,153	2,153	2,153	2,153		
OTHER CURRENT EXPENSES	12,313,009	13,115,185	12,889,583	12,937,583	12,937	12,937	12,937	12,937		
TOTAL OPERATING COST	14,264,351	15,192,239	15,042,588	15,090,588	15,090	15,090	15,090	15,090		
			100 to 10							
BY MEANS OF FINANCING				1						
	8. <i>55</i> *	8.55*	8.55*	8.55*	8.5*	8.5*	8.5*	8.5*		
GENERAL FUND	7,113,031	7,560,519	7,384,056		7,431	7,431	7,431	7,431		
SPECIAL FUND	10,000	10,000	10,000	10,000 ¦	10	10	10	10		
	7.45*	7.45*	7.45*	7.45*	7.5*	7 .5 *	7.5*	7.5*		
OTHER FED. FUNDS	7,141,320	7,443,720	7,443,720	7,443,720	7,444	7,444	7,444	7,444		
***************************************	*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*		
INTERDEPT. TRANSFER		178,000	204,812	204,812	205	205	205	205		
TOTAL POSITIONS	16.00*	18.00*	18.00*	18.00*	18.00*	18.00*	18.00*	18.00*		
TOTAL PROGRAM COST	14,264,351	15,192,239	15,042,588	15,090,588	15,090	15,090	15,090	15,090		
				i						

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH904

PROGRAM STRUCTURE NO. 060402

PROGRAM TITLE:

EXECUTIVE OFFICE ON AGING

		IN DOLL/	ARS		IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
OPERATING COST	11.00*	11.00*	11.00*	11.00*	11.0*	11.0*	11.0*	11.0*	
PERSONAL SERVICES	1,226,181	1,226,209	1,230,172	1,230,172	1,230	1,230	1,230	1,230	
OTHER CURRENT EXPENSES	12,061,736	12,661,136	12,264,136	12,264,136	12,264	12,264	12,264	12,264	
TOTAL OPERATING COST	13,287,917	13,887,345	13,494,308	13,494,308	13,494	13,494	13,494	13,494	
BY MEANS OF FINANCING				1					
	3.55*	3.55*	3.55*	3.55*	3.5*	3.5*	3.5*	3.5*	
GENERAL FUND	6,146,597	6,443,625	6,050,588	6,050,588	6,050	6,050	6,050	6,050	
	7.45*	7.4 5 *	7.45*	7.45*	7.5*	7 .5 *	7.5*	7.5*	
OTHER FED. FUNDS	7,141,320	7,443,720	7,443,720	7,443,720	7,444	7,444	7,444	7,444	
TOTAL POSITIONS	11.00*	11.00*	11.00*	11.00*	11.00*	11.00*	11.00*	11.00*	
TOTAL PROGRAM COST	13,287,917	13,887,345	13,494,308	13,494,308	13,494	13,494	13,494	13,494	

PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH904
PROGRAM STRUCTURE: PROGRAM TITLE: EXECUTIVE OFFICE ON AGING

	FY							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
MEASURES OF EFFECTIVENESS								
1. OF ALL PERSONS 60 YEARS AND OLDER, PERCENT SERVED 2. OF ALL REGIS CLIENTS, INCL CAREGIVERS, % MINORITY 3. OF ALL REG CLIENTS/CREGVRS, % IN GREATST ECON NEED 4. OF ALL REG CLIENTS/CAREGVRS, % LOW-INCOME MINORITY 5. OF ALL REG CLIENTS/CAREGVRS, % LIVG IN RURAL AREAS 6. OF ALL REG CLIENTS, % DIFFIC DOING 1 OR MORE ADL 7. OF ALL REG CLIENTS, % DIFFIC 1 OR MORE INSTRML ADL 8. % OMBUDSMAN PROGRAM CASES RESPOND TO W/IN 72 HRS	36	39	42	42	42	42	42	42
	70	75	62	62	62	62	62	62
	31	28	28	28	28	28	28	28
	23	21	21	21	21	21	21	21
	40	38	50	50	50	50	50	50
	40	37	40	40	40	40	40	40
	57	63	52	52	52	52	52	52
	98	95	98	98	98	98	98	98
PROGRAM TARGET GROUPS 1. NUMBER OF ADULTS AGE 60 YEARS AND OLDER 2. NO. OF ADULTS AGE 60 YRS & OLDER WHO ARE MINORITY 3. # ADULTS>60 IN GREATST ECON NEED (BELOW 115% PVTY) 4. # ADULTS>60 LOW-INCOME MINORITY (BELOW 115% POVTY) 5. # ADULTS AGE 60 YRS & OLDER LIVING IN RURAL AREAS 6. # PERSONS AGE 60 & OLDER W/1 OR MORE DISABILITIES 7. NO. OF FAMILY CAREGIVERS OF ADULTS 60 YRS & OLDER 8. # RESDTS IN LIC LTC NRSG HOMES/ARCH/ASST LVG FACIL	253600	245880	253520	261160	268800	276440	284080	291720
	201200	188784	194650	200515	206381	212247	218113	223979
	31801	29874	30803	31731	32659	33587	34515	35443
	25558	23973	24718	25463	26208	26953	27698	28443
	60978	58151	59957	61764	63571	65378	67185	68992
	100675	94467	97402	100338	103273	106208	109143	112078
	137637	140721	190500	190500	190500	190500	190500	190500
	8224	8525	8525	8525	8525	8525	8525	8525
PROGRAM ACTIVITIES 1. # PERS DAYS FOR NDS ASSMT/COORD/ADMN PLNS ON AGING 2. NUMBER OF PERSONS SERVED BY NUTRITION PROGRAMS 3. NO. PERSONS SERVED BY PUBLIC INFO & EDUCATION SVCS 4. NUMBER OF PERSONS SERVED BY ACCESS SERVICES 5. NUMBER OF PERSONS SERVED BY IN-HOME SERVICES 6. NO. OF PERSONS SERVED BY COMMUNITY-BASED SERVICES 7. NUMBE OF FAMILY CAREGIVERS SERVED 8. NUMBER OF ACTIVE CASES IN THE OMBUDSMAN PROGRAM	4309	4000	4000	4000	4000	4000	4000	4000
	9058	9000	9000	9000	9000	9000	9000	9000
	98987	100000	400000	400000	400000	400000	400000	400000
	46047	48300	45000	45000	45000	45000	45000	45000
	3409	3100	3100	3100	3100	3100	3100	3100
	8248	7500	11000	11000	11000	11000	11000	11000
	9184	10845	5000	5000	5000	5000	5000	5000
	41	60	60	60	60	60	60	60
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL REVENUE FROM OTHER AGENCIES: ALL OTHER TOTAL PROGRAM REVENUES	5,317	5,306	5,306	5,306	5,306	5,306	5,306	5,306
	450	450	450	450	450	450	450	450
	5,767	5,756	5,756	5,756	5,756	5,756	5,756	5,756
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	5,767	5,756	5,756	5,756	5,756	5,756	5,756	5,756
	5,767	5,756	5,756	5,756	5,756	5,756	5,756	5,756

A. Statement of Program Objectives

To enable older persons to live, to the greatest extent possible, healthy, dignified and independent lives by assuring an accessible, responsive and comprehensive system of services through advocacy, planning, coordination, research, and evaluation.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

There are no budget requests at this time.

C. <u>Description of Activities Performed</u>

As the designated lead agency in the State of Hawaii on aging issues, the Executive Office on Aging performs a wide range of activities that include the following, providing statewide leadership for the development and review of policies and programs for older adults, as articulated by the State Plan on Aging, the Comprehensive Master Plan for the Elderly, and the Long Term Care Plan for Hawaii's Older Adults; developing State Plan for submission to the U. S. Administration on Aging enabling the State to receive allotments under the Older Americans Act; serving as the clearinghouse of aging policies and information; recognizing older adults as resources; maintaining an efficient statewide database system to identify and define the aging population in Hawaii; overseeing a statewide, client-driven, comprehensive home and community based system of services; assisting in the protection of elder from abuse and neglect; promoting and establishing basic services for family caregivers.

D. Statement of Key Policies Pursued

The Executive Office on Aging is the lead State agency that serves all adults 60 years and older and family caregivers in the State of Hawaii. As authorized by the U.S. Administration on Aging and Hawaii Revised Statutes, Chapter 349, the Executive Office on Aging is responsible for assuring information about and access to opportunities and services for older adults and for seeking resources that will help meet the needs of the diverse older population. The Office applies for and receives federal and other grants in order to implement mandates set by the Older Americans Act and Hawaii Revised Statutes.

E. Identification of Important Program Relationships

The Hawaii Aging Network and the Department of Health are principal collaborators in promoting healthy aging to delay and prevent the need for more costly direct health services.

The Executive Office on Aging also collaborates with other government agencies, the private sector, and the community in most, if not all, of its programs and projects.

F. Description of Major External Trends Affecting the Program

Demand for in-home and community-based services for frail and vulnerable older adults will increase. There are over 85,000 persons aged 60 and over who have a disability. At present the agency is serving over 6,000 in home and community based services, but will require greater capacity to meet the demand with the aging of the baby boomer generation. As the population ages, more persons are expected to rely upon home-based assistance, to delay and prevent institutional placements.

Services for family caregivers. Congress established the National Family Caregiver support Program that calls for states to provide multi-faceted systems of support services to family caregivers. These family caregivers contribute annually to the nation's health care system by providing unpaid care at home at a significant reduction in cost to Medicare and Medicaid. The agency's future ability to expend federal funding will depend upon agency ability to recruit and retain qualified staff to carry out Congress's mandate.

Greater shifting of federal program responsibilities to the states. Federal deficit reduction efforts are expected to modify old age benefit programs, such as Medicare and Social Security, and shift the responsibility to the states to develop public education campaigns to explain the changes. This trend is significant and expected to affect the Medicaid population as well as Medicare recipients. For example, Medicare modernization is expected to produce cost efficiencies for the Federal government but there are expanded state responsibilities for Medicare information, education, counseling and decision assistance to Medicaid and Medicare beneficiaries due to the anticipated changes in benefits, selection and choice.

G. Discussion of Cost, Effectiveness, and Program Size Data

The Executive Office on Aging presently serves about 45 percent of the State's 60+ population of more than 224,000, and also serves family caregivers. The Office, through its network of County Agencies on Aging, provides a wide range of services that especially help Hawaii's most vulnerable and frail elderly remain in the desired home setting for as long possible.

- H. Discussion of Program Revenue -- None.
- Summary of Analysis Performed -- None.
- J. Further Considerations -- None.

OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH520

PROGRAM STRUCTURE NO. 060403

PROGRAM TITLE:

DISABILITY & COMMUNICATIONS ACCESS BOARD

		IN DOLL	ARS	!_	IN THOUSANDS				
PROGRAM EXPENDITURES	FY2005-06	FY2006-07	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	
OPERATING COST	5.00*	7.00*	7.00*	7.00*	7.0*	7.0*	7.0*	7.0*	
PERSONAL SERVICES	725,161	850.845	922,833	922,833	923	923	923	923	
OTHER CURRENT EXPENSES	251,273	454,049	625,447	673,447	673	673	673	673	
TOTAL OPERATING COST	976,434	1,304,894	1,548,280	1,596,280	1,596	1,596	1,596	1,596	
BY MEANS OF FINANCING GENERAL FUND SPECIAL FUND	5.00* 966,434 10,000 *	5.00* 1,116,894 10,000 2.00*	5.00* 1,333,468 10,000 2.00*	5.00* 1,381,468 10,000 2.00*	5.0* 1,381 10 2.0*	5.0* 1,381 10 2.0*	5.0* 1,381 10 2.0*	5.0* 1,381 10 2.0*	
INTERDEPT. TRANSFER		178,000	204,812	204,812	205	205	205	205	
TOTAL POSITIONS	5.00*	7.00*	7.00*	7.00*	7.00*	7.00*	7.00*	7.00*	
TOTAL PROGRAM COST	976,434	1,304,894	1,548,280	1,596,280	1,596	1,596	1,596	1,596	

PERFORMANCE MEASURES AND PROGRAM REVENUES STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH520
660403
DISABILITY AND COMMUNICATION ACCESS BOARD

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
MEASURES OF EFFECTIVENESS	2003-00	2000-07	2007-08	2000-09	2009-10	2010-11	2011-12	2012-10
1. % OF BOARD PUBLIC POLICY RECOMMENDATIONS ADOPTED 2. % OF INCOMING REQUESTS ADEQUATELY RESPONDED TO 3. % OF OBJECTIVES IN DCAB PLAN OF ACTION COMPLETED 4. % SIGN LANG LNTERPRETERS TESTD WHO ARE CREDENTIALD 5. % OF DOCUMENT REVIEWS WITHOUT DISCREPANCIES	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80
PROGRAM TARGET GROUPS 1. PERSONS WITH DISABILITIES	199557	213525	228471	244463	244463	244463	244463	244463
PROGRAM ACTIVITIES 1. NO. NEWSLETTERS, FACT SHEETS & BROCHURES DISTRIBTD 2. NUMBER OF SIGN LANGUAGE INTERPRETERS TESTED 3. NO. OF INFO/REFERRAL & TECH ASST REQUESTS RECEIVED 4. NUMBER OF DISABLED PERSONS PARKING PERMITS ISSUED 5. NO. PUBLIC INFO & EDUCATION TRNG SESSNS CONDUCTED 6. NUMBER OF BLUEPRINT DOCUMENTS REVIEWED 7. # INTERPRET OPINIONS/SITE SPECFC ALT DESIGNS ISSUD 8. NO. FED/STATE/COUNTY PUBLIC POLICY RECOMMENDATIONS 9. # COMMUN ADVISORY COMMITTEES AS ACTIVE PARTICPANTS	12 4 5860 30176 65 1193 9 45	25 10 5000 33000 65 1200 9 45	25 10 5000 36000 70 1200 10 40 20	25 10 5000 39000 70 1200 10 40 20	25 10 5000 42000 70 1200 10 40 20	25 10 5000 45000 70 1200 10 40 20	25 10 5000 48000 70 1200 10 40 20	25 10 5000 51000 70 1200 10 40 20
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	/	4	4 4	4	4 4	4 4	4	4 4
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES		4	4	4 4	4	4	4	4 4

A. Statement of Program Objectives

To ensure that persons with disabilities are provided equal access to programs, services, activities, employment opportunities, and facilities to participate fully and independently in society.

B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

- 1. Add funds for parking placard program (0.00/154,522 A; 0.00/202,522 A).
- Add ceiling for Special Parent Information Network program (0.00/26,812 U; 0.00/26,812 U).

C. Description of Activities Performed

- 1. Established guidelines for the design of buildings, facilities, and sites by or on behalf of the State and counties in accordance with Section 103-50, HRS.
- Provide review and recommendations on all State and county plans for buildings, facilities, and sites in accordance with Section 103-50, HRS.
- 3. Establish guidelines for the utilization of communication access services provided for persons who are deaf, hard of hearing, or deaf blind in State programs. Guidelines include, but are not limited to, determining the qualifications of interpreters who may provide services, the amount of payment to interpreters and the credentialing of interpreters who do not hold national certification via state screening process.
- 4. Administer the Statewide program for parking for disabled persons, in accordance with Part III of Chapter 291, HRS.

- 5. Serve as public advocate of persons with disabilities by providing advice and recommendations on matters relating to access for persons with disabilities, with emphasis on legislative matters, administrative rules, policies, and procedures of State and county governments.
- Review and assess the problems and needs relating to access for persons with disabilities in the State in order to provide recommendations in the improvement of laws and services.
- 7. Serve as the designated State agency to coordinate the efforts of the State to comply with the requirements of the Americans with Disabilities Act for access to services, employment, telecommunications, and facility and site designs.
- 8. Provide technical assistance and guidance to, but not limited to, State and county entities in order to meet the requirements of state, federal and county laws, providing access for persons with disabilities through public education programs and other voluntary compliance efforts.

D. Statement of Key Policies Pursued

The Disability and Communication Access Board (DCAB) is mandated by HRS 348F and has a required function of document reviews under HRS 103-50 and parking coordination under Chapter 291, Part III, HRS.

Key policies pursued are based on implementation of various federal and state laws including, but not limited to, the Americans with Disabilities Act (ADA), the Federal Fair Housing Act, the Individuals with Disabilities Education Act, the Air Carrier Access Act, the Telecommunications Act, Section 504 of the Rehabilitation Act, the Uniform Handicapped Parking Systems Law, state civil rights laws, and state and county building codes and design standards.

E. Identification of Important Program Relationships

At the federal level, the Disability & Communication Access Board (DCAB) establishes liaisons with the U.S. Department of Justice, U.S. Equal Employment Opportunity Commission, the U.S. Access Board, the U.S. Department of Transportation, the U.S. Department of Housing and Urban Development, and the Federal Communications Commission, all of which enforce laws relating to the civil rights or access of persons with disabilities. The DCAB is often the State of Hawaii's contact point for information dissemination and technical assistance from those agencies on new developments in rules and regulations. The DCAB is the State contact for provisions of technical assistance on the ADA through the Pacific ADA & IT Center.

At the State level, the DCAB serves as coordinator for ADA compliance of all State agencies. Twenty nine (29) ADA Coordinators in each department implement guidance and programs provided by DCAB.

The DCAB also enters into a memorandum of agreement with the State Department of Education to operate the Special Parent Information Network, a parent-based information system for parents of special needs children, in fulfillment of the Individuals with Disabilities Education Act (IDEA).

At the county level, the DCAB provides technical assistance in implementation of the ADA to the four (4) county ADA Coordinators. In addition, the DCAB provides placards to each of the four (4) counties for the issuance of parking placards for eligible persons with disabilities.

F. Description of Major External Trends Affecting the Program

The DCAB currently oversees the administration of the statewide program for handicapped parking under Chapter 291, Part III, HRS, under the federal P.L. 100-

641, the Uniform Handicapped System Parking Law. This involves the issuance of parking placards to eligible persons with disabilities to allow them to park in stalls reserved for such use. The actual issuance of the parking placards is done by the four (4) counties. Counties are reimbursed \$12 per placard issued. The increase in number of persons with mobility impairments, in part due to an aging society, will result in increasing annual costs in DCAB's budget.

Another external trend is the ADA, now in its 16th year of enactment. The ADA required the development of an equal number of self evaluations and transition plans, particularly for the removal of architectural barriers. Because the transition plans are now in the implementation phase, there is disproportionate number of construction documents which must be reviewed by DCAB under HRS 103-50. This additional workload relating to increased capital improvement projects is expected to be sustained for the next two biennium budgets, at minimum, while the transition plans are being implemented.

G. Description of Cost, Effectiveness, and Program Size Data

No significant data to report.

H. Discussion of Program Revenue

Nominal revenues (approximately \$2,000 to \$3,000 per year) are generated by applicants taking the Hawaii Assurance System (HQAS) test for sign language interpreter credentialing. Monies collected are used to offset testing costs.

- I. Summary of Analysis Performed -- None.
- J. Further Considerations -- None.

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 105

HTH-100 PROGRAM ID

PROGRAM STRUCTURE NO. 05010101

PROGRAM TITLE

COMMUNICABLE DISEASE SERVICES

PROJECT	PRIORITY	LOC	SCOPE	PRO	JECT TITLE			BUDGET P	EDTAN					
NUMBER	NUMBER	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
100701	1		RENOVATION	KALAUPAPA SET	TLEMENT, BU	LKHEAD AND P	IER R	EPAIRS, MOL	OKAI					
		DESIG	SN	750			750				. Mild have one here have not over over over			
		TO	DTAL	750			750							· · · · · · · · · · · · · · · · · · ·
		G.O.	BONDS	750			750							
100801	0003		NEM	KALAUPAPA SET	TLEMENT, HAI	RBOR IMPROVE	MENTS, M	OLOKAI				y again namay namay daman shikin babbi dalah		n tadak padar dalah dalah adala halik kuput salah dalah dalah dalah sa
		DESIG CONST EQUIP	RUCTION	751 4,000 1	750			4,000 1						
		то	TAL	4,752	750			4,002						
		G.O.	BONDS	4,752	750	<u> </u>		4,002						
 L00802	0004		REPLACEMENT	KALAUPAPA SET	TLEMENT, VAI	RIOUS IMPROV	EMENTS TO T	HE NURSING	FACILITY,	MOLOKAI		4 W 124 W 125 W 175 W 17		
		DESIG CONST	N RUCTION	50 460				50 460						
		то	TAL	510				510						
		G.O.	BONDS	510				510						
<u></u>				PROGRAM TOTALS	S									
		DESIG CONST EQUIP	RUCTION	1,551 4,460 1	750		750	51 4,460 1						
		TO	TAL	6,012	750		750	4,512						
		G.O.	BONDS	6,012	750		750	4,512						

STATE OF HAWAII PROGRAM ID

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 106

HTH-210

PROGRAM STRUCTURE NO. 050201 PROGRAM TITLE

HAWA I I	HEALTH	SYSTEMS	CORPORATION
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NUMBER				DJECT TITLE			BUDGET F	PERIOD					
	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
		NEM	LUMP SUM CIP	- LS PROJECTS	- FIRE PR	OECTION,	ROOFING, ELE	ECTRICAL UP	GRADES, STA	TEWIDE			
	CONST	RUCTION	557 4,908 450		507 4,208 175	50 700 275							
	TO	TAL	5,915	····	4,890	1,025							
	G.O.	BONDS	5,915	ng Angus maga (agus mayo (agus maga (agus maga dalah	4,890	1,025							
		NEM	HAWAII HEALTH	I SYSTEMS FOUN	IDATION, HA	MAII					ng again salam make akade bakah APPR 1999 PRPF 1999 PR		
	DESIG	iN	62 1,580 31,586	62 1,580 8,358	18,228	5,000							
	то	TAL	33,228	10,000	18,228	5,000							
			20,028 13,200	10,000	18,228	1,800 3,200							
		NEW	WEST MAUI MED	ICAL FACILITI	ES, MAUI								
			350 650		350 650								
	то	TAL	1,000		1,000								
	G.O.	BONDS	1,000		1,000		anne anne anne anne anne anne anne anne						
		NEM	HILO MEDICAL	CENTER, EMERG	ENCY ROOM,	HAWAII							
	CONST	RUCTION	2,500			2,500				gas albar aglas datos datos titur atas aver titul sano sano s			· · · · · · · · · · · · · · · · · · ·
	то	TAL	2,500			2,500							
	G.O.	BONDS	2,500			2,500							
_		PLANS DESIG CONST TO G.O. PLANS DESIG CONST TO OTHER G.O. CONST TO	PLANS DESIGN CONSTRUCTION TOTAL OTHER FED. FUN G.O. BONDS NEW PLANS DESIGN TOTAL G.O. BONDS	CONSTRUCTION 4,908 EQUIPMENT 450 TOTAL 5,915 G.O. BONDS 5,915 NEW HAMAII HEALTH PLANS 62 DESIGN 1,580 CONSTRUCTION 31,586 TOTAL 33,228 OTHER FED. FUN 20,028 G.O. BONDS 13,200 NEW WEST MAUI MED PLANS 350 DESIGN 650 TOTAL 1,000 G.O. BONDS 1,000 NEW HILO MEDICAL CONSTRUCTION 2,500 TOTAL 2,500	CONSTRUCTION 4,908 EQUIPMENT 450 TOTAL 5,915 G.O. BONDS 5,915 NEW HAMAII HEALTH SYSTEMS FOUN PLANS 62 62 DESIGN 1,580 1,580 CONSTRUCTION 31,586 8,358 TOTAL 33,228 10,000 OTHER FED. FUN 20,028 G.O. BONDS 13,200 10,000 NEW WEST MAUI MEDICAL FACILITI PLANS 350 DESIGN 650 TOTAL 1,000 G.O. BONDS 1,000 NEW HILO MEDICAL CENTER, EMERGING 2,500 TOTAL 2,500	CONSTRUCTION 4,908 4,208 EQUIPMENT 450 175 TOTAL 5,915 4,890 G.O. BONDS 5,915 4,890 NEW HAMAII HEALTH SYSTEMS FOUNDATION, HA PLANS 62 62 DESIGN 1,580 1,580 CONSTRUCTION 31,586 8,358 18,228 TOTAL 33,228 10,000 18,228 OTHER FED. FUN 20,028 18,228 G.O. BONDS 13,200 10,000 NEW WEST MAUI MEDICAL FACILITIES, MAUI PLANS 350 350 G50 650 TOTAL 1,000 1,000 G.O. BONDS 1,000 1,000 NEW HILO MEDICAL CENTER, EMERGENCY ROOM, CONSTRUCTION 2,500 TOTAL 2,500	CONSTRUCTION 4,908 4,208 700 EQUIPMENT 450 175 275 TOTAL 5,915 4,890 1,025 G.O. BONDS 5,915 4,890 1,025 NEW HAMAII HEALTH SYSTEMS FOUNDATION, HAMAII PLANS 62 62 62	CONSTRUCTION 4,908 4,208 700	CONSTRUCTION 4,908 4,208 700 EQUIPMENT 450 175 275 TOTAL 5,915 4,890 1,025 G.O. BONDS 5,915 4,890 1,025 NEM HAMAII HEALTH SYSTEMS FOUNDATION, HAWAII PLANS 62 62 62 DESIGN 1,580 1,580 CONSTRUCTION 31,586 8,358 18,228 5,000 TOTAL 33,228 10,000 18,228 5,000 OTHER FED. FUN 20,028 18,228 1,800 G.O. BONDS 13,200 10,000 3,200 NEM WEST MAUI MEDICAL FACILITIES, MAUI PLANS 350 350 DESIGN 650 650 TOTAL 1,000 1,000 G.O. BONDS 1,000 1,000 NEM HILO MEDICAL CENTER, EMERGENCY ROOM, HAHAII CONSTRUCTION 2,500 2,500 TOTAL 2,500 2,500	CONSTRUCTION 4,908 4,208 700 EQUIPMENT 450 175 275 TOTAL 5,915 4,890 1,025 G.O. BONDS 5,915 4,890 1,025 NEH HAMAII HEALTH SYSTEMS FOUNDATION, HAMAII PLANS 62 62 62 DESIGN 1,580 1,580 CONSTRUCTION 31,586 8,358 18,228 5,000 TOTAL 33,228 10,000 18,228 5,000 OTHER FED. FUN 20,028 18,228 1,800 G.O. BONDS 13,200 10,000 3,200 NEM MEST MAUI MEDICAL FACILITIES, MAUI PLANS 350 350 DESIGN 650 650 TOTAL 1,000 1,000 G.O. BONDS 1,000 1,000 NEM HILO MEDICAL CENTER, EMERGENCY ROOM, HAMAII CONSTRUCTION 2,500 2,500	CONSTRUCTION 4,908 4,208 700	CONSTRUCTION 4,908 4,208 700 EQUIPMENT 450 175 275 TOTAL 5,915 4,890 1,025 G.O. BONDS 5,915 4,890 1,025 NEM HAMAII HEALTH SYSTEMS FOUNDATION, HAMAII PLANS 62 62 62 DESIGN 1,580 1,580 1,580 CONSTRUCTION 31,586 8,358 18,228 5,000 TOTAL 33,228 10,000 18,228 5,000 OTHER FED. FUN 20,028 18,228 1,800 3,200 NEM HEST MAUI MEDICAL FACILITIES, MAUI PLANS 350 350 350 DESIGN 650 650 TOTAL 1,000 1,000 G.O. BONDS 1,000 1,000 NEM HILO MEDICAL CENTER, EMERGENCY ROOM, HAMAII CONSTRUCTION 2,500 2,500 TOTAL 2,500 2,500	CONSTRUCTION 4,908 4,208 700 EQUIPMENT 450 175 275 TOTAL 5,915 4,890 1,025 O. BONDS 5,915 4,890 1,025 NEM HAMAII HEALTH SYSTEMS FOUNDATION, HAMAII PLANS 62 62 62 1,580 1,580 1,580 1,580 1,580 1,580 8,358 18,228 5,000 TOTAL 33,228 10,000 18,228 5,000 OTHER FED. FUN 20,028 18,228 1,800 3,200 OTHER FED. FUN 20,028 18,228 1,800 G.0. BONDS 13,200 10,000 3,200 NEM HEST MAUI MEDICAL FACILITIES, MAUI PLANS 350 650 650 TOTAL 1,000 1,000 G.O. BONDS 1,000 1,000 NEM HILO MEDICAL CENTER, EMERGENCY ROOM, HAMAII CONSTRUCTION 2,500 2,500 TOTAL 2,500 2,500

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 107

PROGRAM ID

HTH-210

PROGRAM STRUCTURE NO. 050201

PROGRAM TITLE HAWAI

HAWAII HEALTH SYSTEMS CORPORATION

PROJECT	PRIORITY	LOC	SCOPE	PRO	JECT TITLE			BUDGET I	SERTOD.					
NUMBER	NUMBER			PROJECT	PRIOR	FY	FY	FY BODGET I	FKTOD	FY	FY	FY	FY	SUCCEED
		COST	ELEMENT/MOF	TOTAL	YRS	05-06	06-07	07-08	08-09	09 10	10-11	11-12	12-13	YEARS
221C38			NEM	MAUI MEMORIAL	MEDICAL CE	NTER, HOSPITAL		EXPANSION P	ROJECT, PHA	SE 1, MAUI				
		DESI	GN	3,500	3,500									
		CONST	TRUCTION	37,379	32,079		5,300)						
		EQUI	PMENT	2,421	2,421									
		TO	OTAL	43,300	38,000		5,300							
		G.O.	BONDS	43,300	38,000		5,300							
 221024			OTHER	MAUI MEMORIAL	MEDICAL CEN	NTER, AIR		CONDITIONING	, MAUI					
		ากมรา	TRUCTION	3,300			3,300							
		EQUIF		3,300			3,300							
		TC	DTAL	6,600	r kandar salah salah salah dalah dalah salah	alar alam dalar dala	6,600	- Marie Vision Vision Vision Vision Nation Annual Vision Vision Annual Vision Vision Annual Vision V						- 1000 1000 1000 1000 1000 1000 1000 10
		G.O.	BONDS	6,600			6,600			Sense destre aller seen entre delle river sech delle little little little little				···
221025			RENOVATION	MAUI MEMORIAL	MEDICAL CEN	ITER EMERGENCY	ROOM,	MAUI	s alless tales and representatives their vector and a secon and				T	
		CONST	RUCTION	2,884			2,884							
		TO	OTAL	2,884		N 1000 and 1000 ann 1000 1000 1000 ann 1000 park park park ann 1000	2,884							
		G.O.	BONDS	2,884			2,884							
221028			NEM	MAUI MEMORIAL	MEDICAL CEN	TER, PARKING		STRUCTURE, M	AUI					
		DESIG	:N	1,000		1,000								
			RUCTION	21,000		21,000								
		TO	TAL	22,000		22,000				rada anno anno bildio rada anno anno anno anno anno anno anno a		· · · · · · · · · · · · · · · · · · ·		
		REVEN	UE BONDS	22,000		22,000								

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

OJECT REPORT B78
PAGE 108

PROGRAM ID H

HTH-210

PROGRAM STRUCTURE NO. 050201

PROGRAM TITLE HAWAII HEALTH SYSTEMS CORPORATION

ROJECT PRIORIT NUMBER NUMBER		PRO	JECT TITLE			BUDGET I	EDIAD					
NOMBER NOMBER	COST ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
95801	REPLACEMENT	HAWAII HEALTH	SYSTEM CORF	PORATION, CO	RRECT	HEALTH AND S	SAFETY DEFIC	CIENCIES,	STATEWIDE	- 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800		T COTE STATE COLOR STATE STATE STATE CASE CASE STATE CASE
	PLANS	1				1						
	DESIGN	2,500				2,000	500					
	CONSTRUCTION	17,498				7,998	9,500					
	EQUIPMENT	1				1						
	TOTAL	20,000				10,000	10,000					
	G.O. BONDS	20,000			- NATION -	10,000	10,000	n coan aller main stack color vege soler see n s een s		- vans van 1960 1960 1960 1960 1960 1960 1960 1960	TO COME WHICH AREAS AREA	
		PROGRAM TOTAL	s					-		·	·	
	PLANS	811	460	350		1						
	DESIGN	12,096	7,389	2,157	50	2,000	500					
	CONSTRUCTION	139,516	58,898	43,436	19,684	7,998	9,500					
	EQUIPMENT	7,038	3,287	175	3,575	1	,					
	TOTAL	159,461	70,034	46,118	23,309	10,000	10,000					
	REVENUE BONDS	22,000		22,000				· · · · · · · · · · · · · · · · · · ·				
	OTHER FED. FUN	20,028		18,228	1,800							
	G.O. BONDS	117,433	70,034	5,890	21,509	10,000	10,000					

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 109

PROGRAM ID

HTH-430

PROGRAM STRUCTURE NO. 050302

PROGRAM TITLE ADULT MENTAL HEALTH - INPATIENT

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PF	OJECT TITL	.E		BUDGET PI	ERIOD					
		COST	ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
60027			RENOVATION	SUTTER HEALT	H PACIFIC,	OAHU								
		PLANS		1			1							
		DESIG		1			1							
		EQUIP	RUCTION MENT	147 1			147 1							
		TO	TAL	150			150	<u></u>		AND STAN SALES SALES SALES SALES SALES AREAS SALES AREAS SALES		na valor editar villar bekar karın dayın göyer ayon aldılı valor mu		
		G.O.	BONDS	150			150							
30601	0004		NEW	HAWAII STATE	HOSPITAL,	VARIOUS IMPROVEM	ENTS	TO THE COMPLE	X, OAHU					**************************************
		DESIG	N	55		54	1							
			RUCTION	410		1	409							
		TO	TAL	465		55	410							
		G.O.	BONDS	465		55	410							
¥30701	2		NEM	HAWAII STATE	HOSPITAL,	SECURITY MEASURE	 S,	OAHU	en-Annel Chipper religion tracingo tracine anneles Chipper de Anneles Anneles Anneles Anneles Anneles Anneles A	***** PAR SUP AND PAR SHIP AND AND WAS COME TO BE		de videor autre 1920 -0000 autre deuts Autre Saleur Augus Saleur autre unt		
		DESIG	N RUCTION	103 1,550			103 1,550							
		10	ΓAL 	1,653			1,653		· · · · · · · · · · · · · · · · · · ·	···· ··· ··· ··· ··· ··· ··· ··· ··· ·				
		G.O. I	BONDS	1,653			1,653							
30703	8		REPLACEMENT	HAWAII STATE	HOSPITAL,	IMPROVEMENTS AND		CORRECTIVE WO	RK TO CAMI	PUS FACILIT	IES, OAHU			
		DESIG	N RUCTION	175 994			175 994							
		TOT	 ГАL	1,169	· · · · · · · · · · · · · · · · · · ·		1,169						***************************************	
		G.O. E	BONDS	1,169		<u> </u>	1,169							

STATE OF HAWAII PROGRAM ID

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 110

HTH-430

PROGRAM STRUCTURE NO. 050302

PROGRAM TITLE ADU	LT MENTAL	HEALTH -	INPATIENT
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PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	JECT TITLE			BUDGET	PERIOD					
HONDER	HOHDER	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05−06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
30704			REPLACEMENT	HAWAII STATE	HOSPITAL,	DEMOLITION OF	GODDARD	BUILDING, C	DAHU					
		DESIG CONST	EN FRUCTION	349 1			349 1							
		TC)TAL	350			350							
		G.O.	BONDS	350			350							
30803	0008		RENOVATION	HAWAII STATE	HOSPITAL,	REPAIRS AND		IMPROVEMENT	S TO VARIOU	S BLDGS & S	ITE, OAHU	***************************************		
		DESIG CONST	N RUCTION	232 7,402	230 1,404			1 2,999	1 2,999					
		TC	TAL	7,634	1,634			3,000	3,000					
		G.O.	BONDS	7,634	1,634			3,000	3,000					
				PROGRAM TOTAL	S			ages and page come year than the same and page and page and	·					9 9000 0000 0000 0000 <u>000</u> <u>000</u> <u>000</u> <u>000</u>
		PLANS DESIG CONST EQUIP	N RUCTION	1 1,264 10,505 1	579 1,405	54 1	1 629 3,101 1	2,999	1 2,999					
		TO	TAL	11,771	1,984	55	3,732	3,000	3,000	1004 ANNE ANNE ANNE ANNE ANNE ANNE ANNE ANN				
		G.O.	BONDS	11,771	1,984	55	3,732	3,000	3,000					

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 111

PROGRAM ID

HTH-501

PROGRAM STRUCTURE NO. 050104

PROGRAM TITLE DEVELOPMENTAL DISABILITIES

PROJECT	PRIORITY NUMBER	LOC	SCOPE	PRO	JECT TITL	E		BUDGET I	PERIOD					
NUMBER	NUMBER	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
P60016	<u></u>		RENOVATION	LANAKILA REHA	BILITATIO	N CENTER, OAHU		ina aka dan 100 dan 10	W - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1		i kinin adar anto 1960-anto Mario suco emit, iperi mino sen			
		PLANS	5	250			250							
		DESIG	3N	250			250			···		-	····	
		т	OTAL	500			500							
		G.O.	BONDS	500			500							
01701	9		REPLACEMENT	WAIMANO HALE	COMPLEX, \	/ARIOUS IMPROV	EMENTS,	DAHU						
		DESIG		125			125							
		CONST	RUCTION	1,375		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1,375							
		TO	TAL	1,500			1,500							
		G.O.	BONDS	1,500			1,500							
				PROGRAM TOTAL	s		Makes which will when these takes there are return these years or	······································						
		PLANS		250			250							
		DESIG		375			375							
		CONST	RUCTION	1,375			1,375							
		ТО	TAL	2,000			2,000							nu dago ginga sayan sayan sayan sayah dalah balan balan sab
		G.O.	RONDS	2,000			2,000							

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

HTH-595

PROGRAM STRUCTURE NO. 050107

PROGRAM TITLE

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	JECT TITLE			BUDGET F	PERIOD					
		COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
10013			NEM	MOLOKAI GENER	AL HOSPITAL	, MOLOKAI		adda adam adam hami' nigat tiriyi qilin linda bilibi dil						
		DES16	GN TRUCTION	400 2,800		200 1,400	200 1,400							
		TO	OTAL	3,200		1,600	1,600	<u></u>			ic class abba Marie state water water sever seve	in tales and when tales their layer date with the second of the second o		
		G.O.	BONDS	3,200		1,600	1,600							
50022			NEM	WAIANAE COAST	COMPREHENS	IVE HEALTH C	NTER, O	AHU	***************************************		in man dalar salah salah salah dalar dalar salah s	S COMP COLOR PART TO SAME AND THE SAME AND THE SAME AND	N 1994 OVER 1994 NOVE NOVE SALES AND AREA SALES SALES SALES SALES	
		DESIG CONST	N RUCTION	446 2,500		446 2,500								
		то)TAL	2,946		2,946								
		G.O.	BONDS	2,946		2,946								
50023			NEW	ORGAN DONOR C	ENTER OF HAI	MAII, OAHU	n eus seu en un en en en en en en en		n hala salat valu alak pend dalah salah dani salah sebil berait					r
		DESIG CONST EQUIP	RUCTION	5 10 35		5 10 35								
		Т0	TAL	50		50								
		G.O.	BONDS	50		50		ALL ALL ALL ALL SUC VICE VICE VICE SUC SUC SUC SUC	. 1921 1921 1922 1923 1924 1925 1925 1925 1925 1925 1925 1925 1925			n valder treben variet erinen, songer einem vinnen seinem seinen soder sode		
50024			NEM	RONALD MCDONA	LD HOUSE CHA	ARITIES, OAHU		aar vaar kank kank meen keen peer peer mee. Seen peer seen		gan alam dalah dalah dalah basar basar dalah basar	n visite datal reput selat usua tahu visit usua datah selat usua datah selat se			d diddd fladdo blado adlad dajan canno annun yagan garan gagan caga
		LAND		500		500								
		TO	TAL	500		500								
		G.O.	BONDS	500		500								

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 113

PROGRAM ID

HTH-595

PROGRAM STRUCTURE NO. 050107 PROGRAM TITLE

PROJECT NUMBER	PRIORITY NUMBER	L O C	SCOPE	PRO	DJECT TITLE			BUDGET PEI	RIOD					
NORBER	NOMBER	COST	ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
50026			NEM	BAY CLINIC, 1	NC., HAWAII									
		DES10	SN TRUCTION	150 850		150 850								
		TO	OTAL.	1,000		1,000								
		G.O.	BONDS	1,000	a data man tana-tana tana dan dan dahi dari dari dari da pe	1,000				ant white dates were view clear alone shall their dates dates				
60017	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RENOVATION	WAIANAE DISTR	ICT COMPREHE	NSIVE HEALTI	H AND	HOSPITAL BOARD	D, INC.,	DAHU				
		DESIG CONST	N RUCTION	300 3,450			300 3,450							
		TO	TAL	3,750			3,750							
		G.O.	BONDS	3,750	1 May 1644 And Carl City Are 1644 May 1644 May 1647 May 1644		3,750		an man ann agus anns ann ann ann ann					
60018			RENOVATION	KOKUA KALIHI	VALLEY, OAHU		en erro sen rose som erro erro erro erro erro e			da dan dan sah kan ban ban dan dan dan dan dan dan				
		CONST	RUCTION	1,000			1,000							
		то	TAL	1,000		2012 400 000 000 000 000 000 000 000 000 00	1,000	,, , , , , , , , , , , , , , , , , 						
		G.O.	BONDS	1,000		water dates upper some name about upper dates and about on	1,000						y mages areas notice to the paper states about 1999's desire areas, par	
60019			RENOVATION	COMMUNITY CLI	NIC OF MAUI	INC., MAUI				DE SON SON HALL SAID SON AND SON THE THE THE				
		CONST	RUCTION	1,359			1,359							
		TO	TAL	1,359			1,359							
		G.O.	BONDS	1,359			1,359							

PROGRAM TITLE

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

HTH-595

PROGRAM STRUCTURE NO. 050107

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	JECT TITLE			BUDGET P	ERIOD					
NONDEN	HOIDER			PROJECT	PRIOR	FY	FY	FY	FY	FY	FY	FY	FY	SUCCEED
		COST	ELEMENT/MOF	TOTAL	YRS	05-06	06-07	07-08	08-09	09 10	10-11	11-12	12-13	YEARS
P60020			OTHER	HAWAII ORGAN	PROCUREMENT	ORGANIZATIO	N, OAHU							
		LAND		1			1							
		DESIG		9			9							
		CONST	RUCTION	90			90		w					
		T0	TAL	100			100							
		G.O.	BONDS	100			100							
P60021			RENOVATION	MAIKIKI HEALT	H CENTER, O	AHU								
		CONST	RUCTION	25			25							
		то	TAL	25			25							
		G.O.	BONDS	25			25							
P60022			RENOVATION	OHANA CARE, K	AUAI									<u> </u>
		DESIG		10			10							
		CONST	RUCTION	190			190							
		TO	TAL	200			200							
		G.O.	BONDS	200	W. 4005 2007 ADVE STATE CITED AND THE THE TANK	ANNER MORE GLAV (MAIN CHIEF MORE MORE CHIEF ANNE CHIEF ANNE	200	neer meet aller anne enne enne enne anne anne anne an	900 PAIN ANN ANN ANN ANN ANN ANN ANN ANN ANN	,			· · · · · · · · · · · · · · · · · · ·	
P60023			RENOVATION	PACIFIC HEALTH	H MINISTRY,	OAHU						· · · · · · · · · · · · · · · · · · ·		
		LAND		149			149							
		DESIG		34			34							
		CONST	RUCTION	41			41							
		TO	TAL	224			224							
		G.O.	BONDS	224			224							

STATE OF HAWAII PROGRAM ID

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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HTH-595

PROGRAM STRUCTURE NO. 050107

PROGRAM TITLE

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	DJECT TITLE		BUDGET PERIOD							
NONDER	NOTIBLE	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
				PROGRAM TOTAL	LS							**************************************		
		PLANS LAND DESIG CONS EQUI	GN TRUCTION	639 3,200 2,488 19,880 367	639 2,550 1,134 7,565 332	500 801 4,760 35	150 553 7,555							
		Т(DTAL	26,574	12,220	6,096	8,258							
		G.O.	BONDS	26,574	12,220	6,096	8,258							

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

HTH-710

PROGRAM STRUCTURE NO. 050402

PROGRAM TITLE

STATE LABORATORY SERVICES

PROJECT		LOC	SCOPE	PRO	JECT TITLE									
NUMBER	NUMBER							BUDGET F						
		COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY	FY	FY	FY	FY	FY	FY	FY	SUCCEEL
			ELEMENI/MUF	IUIAL	142	05-06	06-07	07-08 	08-09	09 10	10-11	11-12	12-13	YEARS
10702	11		RENOVATION	DEPARTMENT OF	HEALTH LAB	ORATORY, VAF	RIOUS	IMPROVEMENTS	, OAHU					
		DESIG		35			35							
		CONST	TRUCTION	177			177							
		TOTAL		212			212							
		G.O.	BONDS	212			212						THE SEC SEC SEC SEC SEC SEC SEC SEC SEC SE	
			der deut siede sowe sowe sowe date with with the television date being deut	PROGRAM TOTAL	s									
		DESIG	GN	62	27		35							
		CONST	RUCTION	1,272	1,095		177							
		TC)TAL	1,334	1,122		212	man make alaka salah dalah anga anga salah salah salah salah						
		G.O.	BONDS	1,334	1,122		212							· · · · · · · · · · · · · · · · · · ·

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

PROGRAM TITLE

HTH-840

PROGRAM STRUCTURE NO. 040101

ENVIRONMENTAL MANAGEMENT

PROJECT	PRIORITY NUMBER	LOC SCOPE	PRO	JECT TITLE			BUDGET P	EDIOD					
NUMBER	NUMBER	COST ELEMENT/M	PROJECT Of TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
840401	0001	NEM	WASTEWATER TR	EATMENT REVO	DLVING FUND	FOR I	POLLUTION CO	NTROL, STA	LEMIDE				
		CONSTRUCTION	290,425	265,791	12,317	12,317							
		TOTAL	290,425	265,791	12,317	12,317							
		OTHER FED. FUN G.O. BONDS	197,799 92,626	177,271 88,520	10,264 2,053	10,264 2,053							
840402	0002	G.O. BONDS 92,626 88,520 2,053								A NAME AND	***************************************		A COST PARTS THE COST AND COST COST SIZES COSTS SIZES
		CONSTRUCTION	100,359	80,431	9,964	9,964							
		TOTAL	100,359	80,431	9,964	9,964							
		G.O. BONDS OTHER FED. FUN	17,232 83,127	13,910 66,521	1,661 8,303	1,661 8,303						n and man and and and and and and and and and a	
 840801	0001	NEM	WASTEWATER TR	EATMENT REVO	LVING FUND	FOR F	OLLUTION CO	NTROL, STA	TEWIDE	a antico contro			
		CONSTRUCTION	302,363	290,425			5,969	5,969					
		TOTAL	302,363	290,425			5,969	5,969				7 No. 414 444 444 444 444 444 444 444 444 44	
		G.O. BONDS OTHER FED. FUN	94,616 207,747	92,626 197,799		anna aran anda rana anna anna anna anna	995 4,974	995 4,974	in dans belak didak didak berat talah didak talah terbes terbe				
840802	0002	NEM	SAFE DRINKING	WATER REVOL	VING FUND,	STATEWIDE						To come destina activa partici malia alama tanta atalah dipinya alama ata	
		CONSTRUCTION	120,407	100,359			10,024	10,024					
		TOTAL	120,407	100,359			10,024	10,024					
		G.O. BONDS OTHER FED. FUN	20,574 99,833	17,232 83,127			1,671 8,353	1,671 8,353					

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

HTH-840

PROGRAM STRUCTURE NO. 040101

PROGRAM TITLE

ENVIRONMENTAL MANAGEMENT

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	BUDGET PERIOD									
		COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
				PROGRAM TOTAL	. S				diper color dates value anno value value value anno jamo value da				***************************************	
		CONST	TRUCTION	813,554	737,006	22,281	22,281	15,993	15,993					
		TO	DTAL	813,554	737,006	22,281	22,281	15,993	15,993					
			R FED. FUN BONDS	588,506 225,048	524,718 212,288	18,567 3,714	18,567 3,714	13,327 2,666	13,327 2,666					

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

HTH-904

PROGRAM STRUCTURE NO. 060402

PROGRAM TITLE

EXECUTIVE OFFICE ON AGING

	PRIORITY	LOC	SCOPE	PRO	JECT TITLE			BUDGET F	EDIOD					
NUMBER	NUMBER	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
50044			NEM	PACIFIC HEALT	H MINISTRY	, OAHU								
		LAND		150		150								
		DES16	GN TRUCTION	10 40		10 40								
		TO)TAL	200	···· ··· ··· ··· ··· ··· ··· ··· ··· ·	200				···				
		G.O.	BONDS	200		200	and and while said other said and and and and and and							
50045			NEM	POHAI NANI GOO	OD SAMARITA	AN, OAHU			n taura mann, sanar engar sama mana mana mana mana mana a	سنة شلقة شاهد شاهد شاهة شمية فسناه مساود مشهد سيوب تهييه		n wind have sever some were been made some sever some	T PANN STATE	Make shifts salas manu open open open open open open.
		PLANS		5		5								
		DESIG CONST	IN RUCTION	20 475		20 475								
		TOTAL		500		500			·——————			·	·	
		G.O.	BONDS	500		500				<u></u>				
 60040			NEM	PALOLO CHINESE	E HOME, OAH	U						سة شاعله خاطب طبقة بشدا مشاه سباه سباره بسما مسرم	- 144 -	
		CONST	RUCTION	100			100							
		TO	TAL	100			100							
		G.O.	BONDS	100			100							
60041			NEM	HALE MAHAOLU,	MAUI	a ana ana ana ana ana ana ana ana ana a	at days that saw like your star saw clear cour rear star				and and and and area of the sector and and and and	- 1644 MINE - 1650 TOTAL - 1650 MINE -		
		CONST	RUCTION	1,150			1,150							
		TO	TAL	1,150			1,150		return transcription forms design about points better before on					
		G.O.	BONDS	1,150			1,150			Marie Made (Made (Made (More Voter Annue				

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

HTH-904

PROGRAM STRUCTURE NO. 060402

PROGRAM TITLE

EXECUTIVE OFFICE ON AGING

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	DJECT TITLE			BUDGET F	PERTOD					
NONDER	NONDER	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
				PROGRAM TOTAL	_S									
		PLANS LAND DESIG	-	5 150 30		5 150 30								
		CONST	RUCTION	1,765		515	1,250							
		тс)TAL 	1,950		700	1,250 				· · · · · · · · · · · · · · · · · · ·			
		G.O.	BONDS	1,950		700	1,250							

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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PROGRAM ID

HTH-907

PROGRAM STRUCTURE NO. 050504 PROGRAM TITLE

GENERAL ADMINISTRATION

PROJECT NUMBER	PRIORITY NUMBER	LOC	SCOPE	PRO	JECT TITLE			BUDGET F	PERTOD					
NONDER	NOTIBER	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05−06	FY 06-07	FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
P60028	AND AND SOME STORE STAY AND		NEM	KOOLAULOA COM	MUNITY HEALT	H AND WELLN	ESS	CENTER, OAHL	J					
		PLANS		25			25							
		DESIG	GN TRUCTION	25 550			25 550							
		TO	DTAL	600	and the state of t		600				NI JANUS ARAN ARAN ARAN ARAN ARAN ARAN ARAN ARA		· · · · · · · · · · · · · · · · · · ·	, m,
		G.O.	BONDS	600			600							
907601	0001		RENOVATION	VARIOUS IMPRO	VEMENTS TO D	EPARTMENT O	F HEALTH	FACILITIES,	STATEWIDE				de hidden maken depen menge menge menge danpa danpa yangs angan, man	- AN - 111 111 111 111 111 111 111 111 111
		DESTO	N RUCTION	420 2,855		420 1	2,854							
		TC)TAL	3,275		421	2,854							
		G.O.	BONDS	3,275		421	2,854				- 1000 0000 0000 0000 0000 0000 0000 00			
907702	3		REPLACEMENT	WAIMANO RIDGE, WATER SYSTEM IMPROVEN			ENTS,	OAHU	a kalam alama, alama		- minn 1960- Volte reint 1964 inter 1969 diese inter 1969	P PRINT STATE STAT		
		DESIG	N	436			436							
		ТО	TAL	436			436							
		G.O.	BONDS	436	MINE TOTAL COST TOTAL AND	MANE MANE MANE MANE MANE MANE MANE MANE	436							
907801	0007		RENOVATION	VARIOUS IMPRO	VEMENTS TO D	EPARTMENT O	F HEALTH	FACILITIES,	STATEWIDE		***************************************	r errer sourc dates begin admit about 1000 wind global date	···	
		DESIG CONST	N RUCTION	906 6,091	420 2,855			485 1	1 3,235					
		Т0	TAL	6,997	3,275	and water time trade while well made while daily from almo de	MAN MINEN MAN MAN MAN AND AND AND AND AND AND AND AND AND A	486	3,236	al lake alah ikus ikus ana kasi sake alah iku iki	والمنا والمناه والمناه والمناه والمناه والمناه والمناه والمناه والمناه			
		G.O.	BONDS	6,997	3,275	ada naka Asia vales akab urah Akat balah pilan dalah akab ak		 486	3,236					

STATE OF HAWAII PROGRAM ID

REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

HTH-907

PROGRAM STRUCTURE NO. 050504

GENERAL ADMINISTRATION PROGRAM TITLE

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PRUGRAM	IIILE		JENEKAL A	DMINISIKA	11011									
ROJECT	PRIORITY	LOC	SCOPE	PROJ	JECT TITLE	100 AND AND SOM SING BUT THE AND AND SOM STATE FROM								
NUMBER	NUMBER	COST	ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 05-06	FY 06-07	BUDGET PI FY 07-08	FY 08-09	FY 09 10	FY 10-11	FY 11-12	FY 12-13	SUCCEED YEARS
07802	0005		REPLACEMENT	WAIMANO RIDGE,	WATER SYST	EM AND BUILDI	1G	IMPROVEMENTS	, OAHU					
		DESI	GN TRUCTION	438 9,017	436			1 7,218	1 1,799					
		T	OTAL	9,455	436			7,219	1,800					
		G.O.	BONDS	9,455	436			7,219	1,800					
07803	0009	····	RENOVATION	WAIMANO RIDGE,	DEMOLITION	OF BUILDINGS,	OAHU							
		DESIG	GN TRUCTION	357 1,431				357 1,431						
		T	OTAL	1,788	C CORTIC CAPITAL AND CAPITAL SALES STATES CAPITAL SALES AND CAPITA			1,788						
		G.O.	BONDS	1,788		ar allan jalah idaki sada dalah sada jalah dalah sada sada dalah sada dalah sada dalah sada dalah sada dalah s		1,788				ar talah salah	* AND ONE COM	
 .				PROGRAM TOTALS		er rayan sanga payan ngang layar nalay alama salam alalar alalar dada dada dada		na visina andra antara naba naba naba naba sabar naba naba naba naba naba naba naba						
		PLANS DESIG		25 2,582 19,944	856 2,855	420 1	25 461 3,404	843 8,650	2 5,034					
		тс	DTAL	22,551	3,711	421	3,890	9,493	5,036			<i>2</i>		
		G.O.	BONDS	22,551	3,711	421	3,890	9,493	5,036					.44-14-14-14-14-14-14-14-14-14-14-14-14-1